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Health Care Financing

Analysis of State Medicaid Program Characteristics, 1986

Health Care Financing Administration

ORIGINAL

Health Care Financing

Program Statistics

The Health Care Financing Administration (HCFA) is currently charged with Federal administration of the Medicaid program, including the provision of accurate and up-to-date information on the current status of the program and the knowledge base needed to project future trends in program operations and service costs. Both HCFA and the State Medicaid Agencies need an understanding of how service utilization and expenditure patterns differ given various Medicaid program characteristics. This information is essential to improve the basis for future policy decisions.

HCFA's Office of the Actuary (OACT), Division of Medicaid Cost Estimates (DMCE) is responsible for providing Medicaid program characteristics data to policymakers, analysts, and researchers in a comprehensive format for reference by States, Federal agencies, the Congress, and the public. This requires abstracting selected information from several different sources and organizing the information for easy interpretation and ready access to a wide variety of users.

The original data base was compiled for Medicaid program characteristics in February 1982, and updated in February 1983, to produce the State Medicaid profiles report. The *Analysis of State Medicaid Program Characteristics, 1986* reflects State Medicaid profiles as of March 31, 1986, and contains the following types of information on a State-by-State basis: State eligibility policies; service coverage and limitations; provider reimbursement policies; administration and finance characteristics; demographic, economic, and medical sector characteristics; and State-only programs.

Health Care Financing

Program Statistics

Analysis of State Medicaid Program Characteristics, 1986

U.S. Department of Health and Human Services
Health Care Financing Administration
Office of the Actuary
Baltimore, Maryland
August 1987

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Analysis of State Medicaid program characteristics, 1986

by Christopher Howe and Robert Terrell

Executive Summary

The Health Care Financing Administration (HCFA) is currently charged with Federal administration of the Medicaid program. As a result, it is required to provide accurate and up-to-date information on the current status of the program and the knowledge base needed to project future trends in program operations and service costs. Both HCFA and the State Medicaid agencies need an improved understanding of how service utilization and expenditure patterns differ given various Medicaid program characteristics. This information is essential to improve the basis for future policy decisions that try to contain costs without compromising access to quality care for those in need.

Federal law permits States considerable latitude in designing and implementing their Medicaid programs. Federal regulations also give States flexibility in such areas as freedom of choice, institutional reimbursement, home- and community-based services, and service coverage for optional groups of eligibles. Hence, there is considerable interstate Medicaid program variation. This variation is likely to become even more diverse over the coming years as States mold new eligibility, service coverage, reimbursement, and administrative policies.

In recognition of this need, HCFA sponsored the development of the *Analysis of State Medicaid Program Characteristics*. The report was first compiled and published in 1982. It contained Medicaid program characteristics information for each State as of February 1982. Additional editions followed in 1983 and 1984, which contained data as of March 31, 1983 and March 31, 1984, respectively. This current report reflects State Medicaid program characteristics as of March 31, 1986. It has been compiled by the Division of Medicaid Cost Estimates in the Office of the Actuary.

Specifically, each report contains the following types of information on a State-by-State basis:

- State eligibility policy for mandatory, optional, and medically needy groups (Chapter 2).
- Service coverage and limitations (Chapter 3).
- Provider reimbursement policies (Chapter 4).
- Administration and finance characteristics (Chapter 5).
- Demographic, economic, and medical sector characteristics (Chapter 6).
- State-only programs (Chapter 7).

State Medicaid program characteristics data are available from various sources. Information on State plans, statistical data, and other reports are provided by HCFA. Data from other Federal agencies such as the Family Support Administration, which administers the Aid to Families with Dependent Children (AFDC), and the Social Security Administration, which administers the Supplemental Security Income Program (SSI), are included to augment HCFA information. These sources collect information on various populations eligible for Medicaid benefits. A complete or comprehensive description of Medicaid programs requires abstracting selected information from various sources and organizing the information for easy interpretation and ready access for a wide variety of users.

In light of the above, we have included Appendix III, which lists the Federal sources that have contributed to this publication. This appendix also includes each individual's phone number and respective area of expertise, should the reader require more detailed information about, or explanation of, a specific program or policy. A glossary and list of acronyms used in this report are also included as Appendixes I and II, respectively.

Finally, it should be noted that the formats of the tables in this publication have been revised from previous publications to provide the reader with a more easily understood, independent, and precise abridgement of each topic area.

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Chapter 1. Methodology overview

This project began in September 1981 with an overall goal to gather and document, in a single source, selected characteristics of State Medicaid programs so that such information would be readily available to HCFA, the States and others. This information significantly improves the knowledge base for Medicaid program policy analysis and research. Steps were undertaken to identify, collect, classify and validate State Medicaid program characteristics of major interest to State administrators, HCFA, the Congress, and the public. As previously noted, the details of program characteristics for 1982, 1983, and 1984 were discussed in previous reports entitled Analysis of State Medicaid Program Characteristics. The first two editions were produced by La Jolla Management Corporation under contract to HCFA. The 1984 report and now the 1986 have been completed internally by HCFA, Office of the Actuary, Division of Medicaid Cost Estimates, Medicaid Statistics Branch.

Data were collected through the use of a six part survey of program characteristics for 1982, 1983, 1984, and 1986. These areas include eligibility policies, service coverage and limitation policies; provider reimbursement policies; administration and finance policies; demographic, economic and medical sector parameters; and state only programs. The data collection format for each respective area was updated from 1984 to reflect legislative changes as well as to reflect feedback received from users of the 1984 volume.

Data were updated and collected from three basic sources:

- Medicaid State Agencies;
- Routinely collected HCFA data; and
- Various routinely collected Federal Program data.

The 1984 surveys (reflecting the States' 1984 responses) were returned to their respective Medicaid State Agencies, who were requested to review the information and update the survey to reflect policies in effect on March 31,1986. All States responded with the exception of Alaska.

HCFA data that are routinely collected were abstracted (that is, the pertinent table data were removed from the entire data set). Examples are data that include such information as Medicaid quality control data, Medicaid costs for State administration and training, Medicaid vendor payments, and other information collected by HCFA. Data collected by the Bureau of the Census on State demographic and economic characteristics were also abstracted. Finally, data from the Food Stamps Program and the Families with Dependent Children Program were collected and abstracted from published sources.

As State updated surveys were received, each section was reviewed for completeness and logic. A State contact had been noted for each section and the contact person was telephoned as necessary to clarify any questions arising from the review. Since the last study was completed approximately two years ago, the many changes in the program necessitated extensive State contact. HCFA wishes to extend appreciation to all those respondents who cooperated in such a professional and timely manner.

Scope and limitations

The data collection effort covered all States with Medicaid programs and the District of Columbia.[1] Arizona is the only State that does not have a traditional program although it currently has a demonstration project funded by HCFA. Thus, data for 50 jurisdictions were collected. There are also five territories that have Medicaid programs—American Samoa, Guam, the Northern Marianna Islands, Puerto Rico, and the Virgin Islands. However, these five programs were judged to be unique and therefore, not covered in the scope of this project.

Definitions of Medicaid program terms given in the text of this document are from the Code of Federal Regulations (CFR), Section 42. Data on total Medicaid expenditures, Medicaid expenditures by services, total Medicaid recipients, and Medicaid recipients by eligibility category are for Federal fiscal year 1985 and are obtained from the HCFA-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services) data set.

The data were collected over the time period of May-October 1986. The data presented are a snapshot of the Medicaid program on March 31,1986. However, the effective date of a policy does not necessarily coincide with the implementation date. Additionally, policies are occasionally challenged in court and implementation of those policies withheld pending the ruling.

There are several basic issues that should be pointed out concerning terminology, to include:

- Definitions;
- Classification of items; and
- Standardization.

Definitions are given in the CFR for an extensive list of terms, e.g., inpatient psychiatric services, categorically needy, medically needy, etc. However, even with these definitions, there is room for varying interpretations and there are a host of terms which have not been defined by the CFR. Because of the definitional problems and other factors, the classification of items is not always consistent across States; for example, some States might include a limitation on family planning services under inpatient hospital services, another State might include it under physician services, and yet another under clinic services. In reporting limitations, some States report everything included and other States report everything excluded. To further complicate matters, States do not always make a distinction between

[1] To simplify the language throughout the report, the District of Columbia is classified as a State and referred to as such.

Federal requirements and State requirements. In our synthesis and compilation of the data we have attempted to eliminate those items reported by States that apply to all States as Federal requirements and to include only those items that are State requirements. However, the text includes discussions of the general Federal limitations.

Standardizing data across 50 State Medicaid programs is handled reasonably well for data that are required to be reported on a regular basis to HCFA. However, data that are not required to be reported to HCFA are difficult to obtain and standardize, due to the differences in terminology from State to State, diverse State reporting systems, and the great number of State components which handle the different Medicaid areas represented by each part of our survey. In some cases, States even have different agencies responsible for reporting within the same survey part (e.g., in the reimbursement area, one agency is responsible for skilled nursing and intermediate care rates, while a completely separate agency reports rates for intermediate care facilities for the mentally retarded).

In addition, we obtained certain data from internal HCFA components if such data were more accurate and timely than the survey results. Examples are the Medicaid bed data obtained from the Bureau of Data Management and Strategy's Rapid Data Retrieval System (RADARS), which is updated on a weekly basis and Medicaid waiver data (home and community-based services and freedom of choice), which is updated as each waiver is received by the Office of Coverage Policy and the Office of Eligibility Policy, respectively.

In summary, we feel the data collection has yielded valuable and accurate data within the limitations noted above.

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Chapter 2. Eligibility

This section presents information on Medicaid eligibility for 49 States and the District of Columbia. The eligibility provisions for Medicaid are among the most complex of all assistance programs because of its interrelationships with the Aid to Families with Dependent Children (AFDC) and Supplementary Security Income (SSI) programs and the amount of flexibility accorded States through its regulations. Generally, at a minimum, States must cover all persons who receive cash payments from either the AFDC or, in most cases, the SSI program. States have the option of extending Medicaid coverage to specified groups of individuals known as the optionally categorically needy and to the medically needy. The following tables and narrative describe the standards States use to determine who is eligible for Medicaid as categorically needy and as medically needy. All discussions in this volume refer to standards in effect as of March 31, 1986.

Mandatory eligibility

States that establish Medicaid programs must provide for medical assistance to the categorically needy. Generally, these are persons who are both categorically related (eligible as aged, blind, disabled, or a member of a family with children deprived of the support of at least one parent) and financially eligible on the basis of income and resources. The categorically needy include all cash recipients of the AFDC, certain other AFDC related groups, most cash recipients of the SSI program, and other SSI related groups. The mandatory eligibility requirements and groups are discussed below under Families with Dependent Children and Supplemental Security Income.

AFDC mandatory eligibility

A State must provide Medicaid to all individuals receiving AFDC (42 CFR 435.110). An individual receiving AFDC is defined to be one whose needs are included in determining the amount of the AFDC payment. Each State has the latitude within its AFDC program to include or exclude certain specific groups: families with unemployed parents, pregnant women with no other eligible children, and children age 18 regularly attending school. However, if a State extends AFDC coverage to these groups, it must extend Medicaid coverage as well. Table 1 displays the States covering these groups in their AFDC State Plan.

Twenty-six States include families with an unemployed parent in the coverage of their State Plan. Pregnant women with no other eligible children were included by 31 States in their AFDC State Plans. When a State chooses this option, AFDC regulations allow eligibility for AFDC cash assistance for only the last four months of the pregnancy.

Thirty-eight States include coverage of children age 18 regularly attending school. The school must be a secondary school or the equivalent of technical or vocational training. Prior to OBRA 81, attendance at college could be used to qualify such individuals. However, per the provision of the act, college attendance can no longer be used to qualify an individual over age 18.

States must deem three groups, part of a fourth group, and may choose to deem one other group of individuals, to be AFDC recipients (42 CFR 435.115). If individuals are deemed to be AFDC recipients, the State must make them eligible for Medicaid. All individuals who are denied AFDC cash payment solely because the payment would be less than $10 a month must be deemed recipients of AFDC. The groups that are deemed to be AFDC recipients are as follows:

- All individuals who are denied AFDC cash payments solely because the payment would be less than $10 a month (must be deemed recipients of AFDC)
- Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds (must be deemed recipients of AFDC)
- Members of a family unit who become ineligible for AFDC as a result of the increased collection of support from 08/15/84 through 09/30/88 and meet that requirement of section 406(h) of the act (must be deemed recipients of AFDC)
- Members of a family unit who must be deemed AFDC recipients during a 9 month work transition period. States may deem these families AFDC recipients for an additional work transition period not to exceed 6 months.
- Participants of work supplementation programs may be deemed AFDC recipients.

A State must continue to provide Medicaid for four months to all members of the AFDC program if they lose AFDC solely because of increased income from employment or increased hours of employment (42 CFR 435.112). Additionally, the family must have received AFDC for three or more of the six months immediately preceeding the month in which it became ineligible, at least one member of the family must be unemployed throughout the four-month period, and the four-month period must begin on the date of AFDC termination.

Individuals who are ineligible for AFDC coverage because of requirements that do not apply under Medicaid must be provided with Medicaid services. Examples of such requirements include applicants who refuse to provide Social Security numbers, refuse to register for a work incentive program, and refuse to deem step parents' income.

There are certain individuals that must be provided Medicaid because they are members of a 1972 pass-through group (42 CFR 435.114). These are individuals who would currently be eligible for AFDC except that the increase in Old Age, Survivors, and Disability Insurance (OASDI) under Title II of the Social Security Act raised their income over the limit allowed under AFDC. The individuals must meet the following criteria to become part of the pass-through group:

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- In August 1972, the individual was entitled to OASDI;
- The individual was receiving AFDC or had been eligible to receive AFDC if he or she had applied, or would have been eligible for AFDC if not in a medical institution or ICF, and the Medicaid plan covered these optional groups; and
- The individual would currently be eligible for AFDC except that OASDI increases raised his or her income above the limit allowed under AFDC. This includes an individual who meets all current AFDC requirements except for the requirements to file an application or would meet all current requirements if not in a medical institution or ICF and current plan covers this group. (42 CFR 435.114(b))

Table 2 displays the status of the 1972 pass-through groups. Twenty-five states cover individuals that would have been eligible for AFDC if they had applied and the State Medicaid plan covered this optional group in August 1972. Few, if any, individuals from these 1972 pass-through groups should still be eligible. Thirty-six States cover individuals that would have been eligible for AFDC if they were not in a medical institution and the Medicaid plan covered this group. Of these 36 States, five provide Medicaid to institutionalized individuals in medical institutions and not to individuals in ICFs.

Section 2361 of Public Law 98-369 (DEFRA) created a new group of qualified pregnant women and children which States must cover.

A qualified pregnant woman is:

- one whose pregnancy has been medically verified, and
- who would be eligible for AFDC cash payment (or who would be eligible if the State had an AFDC unemployed parents program) if the child had been born and was living with her, or
- is a member of a family which would be eligible for aid to families with dependent children of unempolyed parents if the State had an AFDC unemployed parents program.

A qualified child is one who is:

- under 5 years of age, and
- meets the income and resources requirements of the State's approved AFDC plan, and
- must be born after 09/30/83.

Section 2362 of P.L. 98-369 (DEFRA) created another new group of children born to women who are eligible for and receiving Medicaid at the time of the child's birth. These children are deemed eligible for one year from birth as long as the mother remains eligible and the children remain in the same household as the mother.

One final AFDC mandatory eligibility group is adoption assistance and foster care children. The State agency must provide Medicaid to children for whom adoption assistance or foster care maintenance payments are made under Title IV-E (42 CFR 435.118).

States determine the income standards for each assistance and Medicaid eligibility. Tables 3-5 present the annual need, payment, and maximum payment standards for AFDC families by State. Each State determines the State's general definition of a "needy person." The need standard is then compared with the income available to the family unit (after excluding certain disregards) to determine AFDC eligibility within that State. The need standard is the amount of money a State determines essential to meet a minimum standard of living in that State for a family of a specified size. In general, the standard provides for basic items such as food, clothing, shelter, fuel and utilities, personal care items and household supplies and, in certain cases, special or recurrent needs. Some States vary the need standard to reflect differences in actual costs within the States by season or on the basis of age of the child.

The need standards for States for July 1985—June 1986 are displayed in Table 3 for families with one child, one adult, family of two and family of four. States are allowed a great deal of latitude in setting their standards and no two States have identical standards. The payment standards for States as of July 1985 are found on Table 4 for the same family units. The payment standard determines the extent to which the State cash assistance program will meet the need for a minimum standard of living. Twenty-eight States set the payment standard lower than the need standard for at least one size family unit. It should be noted that a State meeting less than full need but having a high standard may provide a substantially higher level of assistance than a State meeting full need under a low need standard.

Maximum payment standards are also established by each State and found on Table 5 for family units of one, two, and four. The maximum payment is the amount paid for basic needs under State law. For a family with no income, this is the AFDC payment. For the majority of States, the maximum is equal to the payment standard for each family unit size. However, in three States (Indiana, Mississippi, and West Virginia) the maximum payment level for at least one family unit size was below the payment standard.

SSI mandatory eligibility

Prior to 1972, States had the same authority to set cash assistance and Medicaid eligibility standards for the aged, blind, and disabled as they had for the AFDC population. However, with the enactment of the Social Security Amendments of 1972 (P.L. 92-603), the Federal program of Supplemental Security Income (SSI) was established and the States were no longer required to cover all aged, blind, and disabled cash recipients. States can choose from the following options:

- States can make all SSI recipients eligible for Medicaid; or
- States can make all SSI recipients eligible for Medicaid and, in addition, provide Medicaid to individuals receiving only optional State supplements; or

- States can limit Medicaid eligibility to individuals who meet requirements that are more restrictive than those under SSI. States exercising this option (209(b)) must deduct SSI, optional State supplements, and incurred medical expense from income in determining Medicaid eligibility.

States choosing either the first or second option must provide Medicaid to aged, blind, and disabled individuals or couples who receive SSI (42 CFC 435.120). This includes individuals receiving SSI pending a final determination of blindness or disability, individuals receiving SSI under agreement to dispose of resources that exceed SSI resource limits, and individuals considered to be receiving SSI under 1619(b) of the Social Security Act (blind or disabled individuals whose income equals or exceeds a specific SSI limit).

Table 6 displays the States that provide Medicaid to aged, blind, and disabled individuals or couples who receive SSI. Thirty-six States have chosen this option. This SSI cash group refers to all categorically needy aged, blind, and disabled persons who meet: (a) in most States, the income and resource limits for receipt of SSI benefits or State supplementary payments; or (b) in some States, more restrictive income and resource limits than those applied by the SSI program.

The 14 States choosing the third option (209(b) States) have more restrictive requirements for Medicaid than the SSI requirements (42 CFR 435.121). These States may be more restrictive in defining blindness or disability, more restrictive in setting financial requirements for income or resources, or both. The requirements may apply to the aged or the blind or the disabled or any combination. However, each requirement may be no more restrictive than that in effect under the State's Medicaid plan on January 1, 1972 and, in general, no more liberal than that applied under SSI or an optional State supplement program.

A mandatory group of recipients is individuals who are ineligible for SSI or optional State supplements because of requirements that do not apply under Title XIX of the Social Security Act (42 CFR 435.122). These individuals who would be eligible for SSI or optional State supplements except for an eligibility requirement used in those programs that is prohibited under Title XIX, such as placing liens against a recipient's property, must be provided Medicaid.

When the Social Security Amendments of 1972 were enacted, those States that had been making higher payments to individuals under the previous programs of cash assistance than paid under the SSI program were required to pay the difference between the SSI benefit and the previous payment. These payments are known as mandatory State supplements and individuals receiving mandatory State supplements must be provided Medicaid (42 CFC 435.130).

Whichever major option for covering of the aged, blind, or disabled a State elects, all States are required to provide Medicaid to certain groups of individuals who were eligible for Medicaid in December 1973 under optional coverage provisions. These groups include essential spouses, institutionalized individuals, and blind and disabled individuals. They are displayed on Table 6 under 1973 "grandfathered" groups and are discussed individually below.

The State agency must provide Medicaid to any person who was eligible for Medicaid in December 1973 as an essential spouse of an aged, blind or disabled individual who was receiving cash assistance (42 CFR 435.131). An "essential spouse" is defined to be one who is living with the individual, whose needs were included in determining the amount of cash payment, and who is determined essential to the individual's well being. Medicaid must be continued if both the aged, blind, or disabled individual and the essential spouse continue to meet the conditions in effect as of December 1973. Twenty-seven States have an essential spouses grandfathered group for aged individuals, 28 States have an essential spouses grandfathered group for the blind, and 28 States have a group for the disabled. Colorado has essential spouses for only two groups (the blind and disabled), while all other States that have essential spouses include the aged, blind, and disabled.

A second 1973 grandfathered group is institutionalized individuals who were eligible in December 1973 (42 CFR 435.132). Individuals who were eligible for Medicaid in December 1973, or any part of that month, as inpatients of medical institutions or residents of ICFs that were participating in the Medicaid program must be provided Medicaid. The individual, for each month after December 1973, must continue to meet the 1973 eligibility requirements, remain institutionalized, and be determined by a review organization to need institutional care. All 50 States provide Medicaid for this group.

The third 1973 grandfathered group is the blind and disabled. Medicaid must be provided to individuals, who meet all current requirements for Medicaid eligibility except the criteria for blindness or disability, and who were eligible for Medicaid in December 1973, and for each consecutive month after December 1973 have continued to meet the eligibility criteria used under the Medicaid plan in December 1973 (42 CFR 435.133). These individuals were grandfathered by all 50 States.

There are certain individuals that must be provided Medicaid because they are members of a 1972 pass-through group (42 CFR 435.134). These are individuals who would currently be eligible for SSI except that the increase in Old Age, Survivors and Disability Insurance (OASDI) under Title II of the Social Security Act raised their income over the limit allowed for SSI. The individuals must meet the following criteria:

- in August 1972, the individual was entitled to an OASDI; and
- He was receiving Old Aged Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, and Aid to the Aged, Blind, and Disabled or he would have been eligible for one of those programs except that he had not applied, or he would have been eligible for one of those programs if he were not in a medical institution or ICF; and

- He meets all current SSI requirements except for the requirement to file an application or would meet all current requirements if he were not in a medical institution or ICF.

Table 7 displays the 1972 pass-through groups. Few, if any, individuals from these 1972 pass-through groups should still be eligible. Twenty-four States cover individuals that would have been eligible for SSI if they had applied and the State Medicaid plan covered this optional group in August 1972. Thirty-four States cover institutionalized individuals in medical institutions that would have been eligible for SSI if the State Medicaid plan covered this optional group. Of the 34 States, two provide Medicaid to institutionalized individuals in medical institutions and not to individuals in intermediate care facilities, while two do not provide Medicaid to institutionalized individuals in medical institutions or to individuals in ICFs.

A second pass-through group is displayed on Table 7. This group includes individuals who have become ineligible for cash assistance as a result of OASDI cost-of-living increases received after April 1977 and would still be eligible for Supplemental Security Income/State Supplemental Payments if that increase were deducted from income (42 CFR 435.135). This is a mandatory eligibility group; however, there are certain recipients/States where coverage is not extended. If the State does not extend Medicaid coverage to its SSP recipients, or if it does not make State supplementary payments, then the State is not required to cover recipients that would be members of the 1977 pass-through group. There are seven States that do not make State supplementary payments or do not provide Medicaid to these individuals.

If a State adopts more restrictive eligibility requirements (a 209(b) State), other conditions determine the coverage of the 1977 pass-through group. The conditions are as follows:

- The State applies more restrictive eligibility requirements that preclude the coverage of this group and 42 CFR 435.135 is not applicable; and
- The State applies more restrictive eligibility requirements and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

The first category is limited to eight States—Connecticut, Illinois, Indiana, Missouri, Nebraska, North Dakota, Ohio, and Utah. The second category is composed of six States- Hawaii, Minnesota, New Hampshire, North Carolina, Oklahoma, and Virginia.

Optional eligibility

States can elect to cover selected groups of individuals under Medicaid who are financially eligible for cash assistance but ineligible because of certain other requirements, or who do not wish to receive cash assistance. Individuals eligible under these optional coverage provisions are considered categorically needy and are eligible for the same services provided under Medicaid to mandatory eligible groups. Further, unless specified, a Medicaid agency that chooses to cover an optional group must provide Medicaid to all eligible individuals in that group. The optional eligibility requirements and groups are discussed below under Families with Dependent Children and Supplemental Security Income.

AFDC optional eligibility

A State may provide Medicaid to individuals who would be eligible for AFDC but are not receiving these benefits (42 CFR 435.210). As noted in Table 8, 26 States have elected to cover this optional group.

The State may provide Medicaid to individuals who would be eligible if they were not in a Title XIX reimbursable medical institution or ICF (42 CFR 435.211). These are individuals who are ineligible because of the lower income standards used to determine eligibility for institutionalized individuals. Thirty-nine States cover such individuals.

A third AFDC optional Medicaid group that a State may elect to cover is individuals who would be eligible for AFDC if their work-related child care costs were paid from their earnings rather than by a State agency as a service expenditure (42 CFR 435.220). This option is appropriate only for those States that deduct work-related child care costs from income to determine the amount of AFDC. Twelve States include this optional group in their State plan.

Table 8 displays a fourth AFDC optional eligibility group—individuals who would be eligible for AFDC if coverage under the State's AFDC plan included individuals whose coverage under Title IV-A is optional (42 CFR 435.223). For example, Medicaid may be provided to members of families with an unemployed parent even though AFDC is not available to them under the State's AFDC plan. Nine States provide Medicaid to families with unemployed parents under this option. The State agency may also provide Medicaid to other individuals who would be eligible for AFDC if the State's AFDC plan did not contain eligibility requirements more restrictive than, or in addition to, those required under Title IV-A. Only Idaho, Minnesota and New York include such individuals in their State plans.

Another optional group (42 CFR 435.212) consists of individuals enrolled in an HMO that is qualified under Title XIII of the Public Health Service and that has a risk contract as specified in 42 CFR 434.20 (a)(i) who became ineligible for Medicaid. The guaranteed eligibility status is computed beginning on the date of the individual's enrollment in the HMO (may include all categorically needy as well as medically needy recipients). Ten States provide Medicaid coverage for these individuals.

A final group of AFDC optional recipients includes individuals under age 21 who would be eligible for

AFDC but do not qualify as dependent children (42 CFR 435.222). States can elect to cover all children under age 21 (or State option under 20, 19, or 18) or any reasonable classifications of such children. These categories of recipients are displayed in Table 9 with seven examples of reasonable classifications and one catchall category listed.

If a public agency assumes full or partial financial responsibility for individuals in foster homes or private institutions, it may provide Medicaid coverage to those individuals. Twenty-seven States provide Medicaid coverage to individuals in foster homes for whom a public agency is assuming full or partial financial responsibility. Twenty-three States provide Medicaid coverage to individuals in private institutions for whom a public agency is assuming full or partial financial responsibility. In addition, if the State covers individuals supported by the public, or it may cover individuals of the same age placed in foster homes by the public, it may cover individuals of the same age placed in foster homes or private institutions by private non-profit agencies. Eleven States provide Medicaid coverage for such individuals.

Individuals in adoptions subsidized in full or in part by a public agency may be covered as a reasonable classification. Eighteen States have chosen to cover this group. Individuals in ICFs, if ICFs are included in the State plan, can be covered as a reasonable classification. Twenty States have elected to cover institutionalized individuals in ICFs. If the State covers these individuals, it may also provide Medicaid to individuals in ICFs-MR and 17 of these States have chosen to do so. If inpatient psychiatric services for individuals under age 21 are provided under the plan, then individuals under age 21 receiving active treatment as inpatients in psychiatric facilities or programs can be included as a reasonable classification. Thirteen States have elected to cover this reasonable classification. Additionally, other defined groups may be included in the State plan. Groups such as children in families with unemployed parents and children in private child caring institutions have been defined and extended Medicaid coverage. Sixteen States have elected to include at least one "other defined group" as a reasonable classification.

SSI optional eligibility

A State may provide Medicaid to individuals who would be eligible for SSI or State Supplement Payments (SSP) but who are not receiving these benefits (42 CFR 435.210). Twenty-six States have elected to cover this optional group.

Some States pay only an optional State supplement to individuals. That supplement program must be:

- Based on need and paid regularly in cash;
- Equal to the difference between the individual's countable income and the income standard used to determine eligibility for a supplement; and
- Available to all individuals in the State.

Individuals who receive only an optional State supplement and who would be eligible for SSI except for the level of their income may be provided Medicaid, if they are in one or more of the following classifications:

- All aged individuals;
- All disabled individuals;
- Only aged individuals in domiciliary facilities or other group living arrangement as defined under SSI;
- Only blind individuals in domiciliary facilities or other group living arrangement as defined under SSI;
- Only disabled individuals in domiciliary facilities or other group living arrangement as defined under SSI;
- Individuals receiving a Federally administered optional State supplement; and
- Individuals in additional classifications specified by the Secretary for Federally administered supplementary payments under 20 CFR 416.2020(d).

Table 10 displays the States that cover each of the above eight optional groups. All aged receiving only State supplement payments (SSP) are covered by 22 States. Twenty-three States cover all blind, and 21 States cover all disabled.

Group living arrangements are defined by the SSI program to be residence in domiciliary or congregate care facilities. Ten States cover the aged in group living arrangements. Eight States cover the blind and eleven States cover the disabled in group living arrangements. Eight States provide Medicaid coverage to individuals receiving a Federally administered optional State supplement. Two States (Pennsylvania and Wisconsin) provide Medicaid to individuals in additional classifications specified by the Secretary for Federally administered supplementary payments. The Federally administered State supplements vary by political subdivision in five States (Connecticut, Illinois, Minnesota, New York, and Washington).

Special categories of institutionalized individuals may also be included as optional groups by a State agency. A State may provide Medicaid to individuals in Title XIX reimbursable medical institutions and intermediate care facilities who are ineligible for SSI/SSP because of lower income standards under these programs to determine eligibility for institutionalized individuals. Those individuals would be eligible for SSI/SSP if they were not institutionalized (42 CFR 435.211). If the agency provides Medicaid to these individuals, it may also elect to cover aged, blind, and disabled individuals in institutions who have income below a level specified in the plan (42 CFR 435.231). Thirty-nine States cover individuals ineligible for SSI/SSP due to institutional status. Thirty-one States cover individuals in institutions who are eligible under a special income dollar level. The specific dollar level of each State is listed on Table 11 and ranges from $605 in Delaware to $1,008 in 22 States, yielding a simple average of $941.

One group of individuals can be covered as an AFDC or SSI optional eligibility group 42 CFR (435.217) if a State has applied for and been granted a waiver under Section 2176 of the Omnibus Reconciliation Act. A State

may provide Medicaid to individuals eligible under a special income level provided they are in need of institutionalization. Under the waiver, these individuals would be eligible even if they remained in the community. As of March 31, 1986, 40 States had been granted waivers under Section 2176 for home and community-based care thus making this group of individuals eligible to receive Medicaid.

As a result of the TEFRA 1982 (PL 97-248) provisions, optional Medicaid coverage was extended to certain disabled children, age 18 or under and living at home, who would be eligible if in a medical institution. Twelve States have chosen to extend coverage to these individuals.

State supplementation programs

The SSI program became effective January 1, 1974, and replaced the previous programs for the aged, blind, and disabled in all States. The new title (Title XVI) established nationwide eligibility standards and requirements and expanded the definition of disability to include individuals under age 18. It also provided for State supplements to the Federal SSI benefit.

States that had been making higher payments to individuals under the previous program of cash assistance were required to pay the difference between the SSI benefit and the previous payment (42 CFR 435.1). There are 33 States that are required to pay mandatory State supplements (see Table 12).

States may also pay optional State supplements for basic needs and/or for "special" needs. In general, basic needs are defined to be recurring monthly expenses, primarily food, shelter, clothing, utilities, and daily living necessities. Special needs refer to emergency or special conditions requiring additional assistance not provided through SSI or optional SSP for basic needs. Such items as disaster benefits, burial expenses, additional subsidies for institutional care, and moving expenses are in this category. These optional State supplements may be paid to all aged, blind, and disabled SSI or only to reasonable classifications (e.g., aged). Twenty-six States paid optional State supplements for basic needs to at least some SSI/SSP recipients. Eighteen States paid optional State supplements for special needs to at least some SSI/SSP recipients.

Table 13 displays the total monthly combined Federal/State payment levels to recipients with no countable income and no special needs. The Federal payment level in March 1986 was $336 for individuals and $504 for an eligible couple living independently with no countable income or resources. The State payment level for mandatory payments varies according to the December 1973 income level of the aged, blind, and disabled. The State optional payment may vary by:

- Categorical group (aged, blind, disabled);
- Geographic variations; and
- Living arrangements.

The highest payment levels were for Alaska, California, Indiana, and Ohio. Eight States report the Federal payment levels of $336 and $504 for the aged, blind and disabled. The exhibit below displays the range and the absolute difference of the total combined Federal/State payment level.

Total Combined Federal/State Payment Levels

	Individual Living Independently			Couple Living Independently		
	Aged	Blind	Disabled	Aged	Blind	Disabled
Highest Levels*	$683	$683	$683	$1,366	$1,366	$1,366
Federal Levels	$336	$336	$336	$504	$504	$504
Difference	$347	$347	$347	$862	$862	$862
Simple Avg. All States	$385	$388	$384	$609	$627	$604

*Indiana

Medically needy

The medically needy program is a very important option that can be exercised under the Medicaid program (42 CFR 435.300). The general intent of the medically needy option is to accommodate individuals who meet all criteria for categorically needy assistance with the exception of income and who have incurred relatively large medical bills. Since 1969, the medically needy income standards have been limited to 133⅓ percent of the maximum assistance payments for similarly sized families under AFDC in a given State. That is, families whose monthly incomes are between the AFDC payment standard and 133⅓ percent of that standard are eligible for assistance as medically needy.

Through the spend-down provision, individuals or families can become eligible for Medicaid under the medically needy program if they have income above the 133 1/3 percent level but have high medical expenses which reduce income below the medically needy maximum. The 1981 Amendments gave the States flexibility in determining what categorical groups (e.g., the aged, or the blind, or the disabled), would be eligible for Medicaid as medically needy. The States may now elect to cover some groups and not others.

Table 14 indicates the 35 States which have medically needy programs, the spend- down time period in months, and the allowable resources and protected income levels for the medically needy by number of family members by State. The spend-down time period ranges from one month in California, Hawaii, Illinois, North Dakota, South Carolina, and Utah to six months in 18 States. Thus, the average spend-down time period for all medically needy States is approximately four months. Note that five States have variable spend-down time periods that are between one and six months.

There are three general Federal requirements for the medically needy resource standards. The standards must be: based on family size, uniform for all individuals in a group, and resonable. The allowable resource standards

are highest in Minnesota, North Dakota, and Rhode Island and lowest in Texas. The average allowable resources in medically needy States are $1924, $2978, and $3188 for one, two, and four persons, respectively.

The State plan must specify the income standards for each covered medically needy group. Those standards must be based on family size and be uniform for all individuals in a covered group, in addition to meeting the Federal Financial Participation requirements of not exceeding 133⅓ percent of the AFDC payment. The range, difference, and average protected income level for one, two, and four persons is displayed in the exhibit below:

Monthly Protected Income Level

	One Person	Two Persons	Four Persons
High	$600 (Virginia)	$900 (Virginia)	$1,100 (Virginia)
Low	$100 (Louisiana & Texas)	$158 (Tennessee)	$250 (Tennessee)
Difference	$500	$742	$850
Simple Avg. All States	$321	$410	$527

This exhibit shows the wide variance in the protected income level by size of family among the States.

If a State chooses the medically needy option, the agency must provide Medicaid to:

- All pregnant women during the course of their pregnancy who, but for income and resources, would be eligible for Medicaid as categorically needed;
- All individuals under 18 who, but for income and resources, would be eligibe under section 1902(a)(10)(A)(i) of the Act; and
- Certain individuals eligible as medically needy on the basis of blindness or disability in December 1973. (42 CFR. 435.340)

Pregnant women are covered by all 35 States offering a medically needy program as required by law (Table 15). This group includes pregnant women who would have been eligible for AFDC or for one of the other cash assistance programs except for income and resources. All individuals or reasonable classifications of individuals under age 21 (or, at State option, under age 20, 19, or 18) who are not AFDC recipients must be provided for in some manner. Note that States have the discretion to target assistance by defining age range and reasonable classification choices of individuals under age 21 (42 CFR 435.308). Twenty of the 35 medically needy States elected to cover "under age 21"; six States elected "under age 19", six States elected "under age 18"; two (Virginia and Wisconsin) "21 for some classification, 18 or 19 for others"; and Oregon does not cover any additional classifications of individuals under age 21.

Examples of reasonable classifications are:

- Individuals in foster homes or private institutions for whom a public agency is assuming full or partial financial responsibility. If the agency covers these individuals, it may also provide Medicaid to individuals placed in foster homes or private institutions by private non-profit agencies;
- Individuals in adoptions subsidized in full or in part by a public agency;
- Individuals in ICFs and, if those individuals are covered, the State may also provide Medicaid to individuals in ICFs-MR; and
- Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if inpatient psychiatric services for individuals under 21 are provided under the plan.

If Medicaid is provided to any individual in a group specified above, Medicaid must be provided to all individuals eligible to be members of that group.

Also, if a State provides Medicaid to the medically needy, it must provide coverage for blind and disabled individuals eligible in December 1973 (42 CFR 435.340). These individuals must meet all current requirements for Medicaid eligibility except the blindness or disability criteria, and must have been eligible as medically needy in December 1973 as blind or disabled, and remained eligible for each consecutive month after December 1973 and must continue to meet the December 1973 eligibility criteria.

A medically needy State may, at its own option, elect to cover any of the following groups of individuals:

- Caretaker relative (42 CFR 435.310);
- Aged (42 CFR 435.320);
- Blind (42 CFR 435.322);
- Disabled (42 CFR 435.324);
- Individuals under age 21 or at the option of the State under 20, 19 and 18; and
- Individuals enrolled in an HMO that is qualified under Title XIII of the Public Health Act and has a risk contract as specified in 42 CFR 434.20 (a)(i).

Caretaker relatives are those who meet the AFDC definition of caretaker relative and have in their care an individual who is determined to be dependent (42 CFR 435.310). Twenty-seven of the 35 medically needy States have elected to cover this group. Aged, blind, and disabled individuals are covered by 29 medically needy States, while only four States cover individuals in HMOs.

TABLE 1

MANDATORY MEDICAID ELIGIBILITY GROUPS: FAMILIES WITH DEPENDENT CHILDREN

AFDC STATE PLAN INCLUDES:

STATE	FAMILIES WITH UNEMPLOYED PARENTS	PREGNANT WOMEN WITH NO OTHER ELIGIBLE CHILDREN	CHILDREN AGE 19 REGULARLY ATTENDING SCHOOL	WORK SUPPLEMENT PROGRAM PARTICIPANTS	ADDITIONAL 6 MONTH TRANSITION PERIOD FAMILIES
ALABAMA	NO	NO	NO	NO	NO
ALASKA	NO	YES	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	NO
CALIFORNIA	YES	YES	YES	NO	NO
COLORADO	NO	YES	YES	NO	NO
CONNECTICUT	YES	YES	YES	NO	NO
DELAWARE	YES	YES	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	NO	YES
FLORIDA	NO	YES	NO	NO	NO
GEORGIA	NO	NO	NO	NO	NO
HAWAII	YES	YES	YES	YES	NO
IDAHO	NO	YES	YES	NO	NO
ILLINOIS	YES	YES	YES	NO	NO
INDIANA	NO	NO	NO	NO	NO
IOWA	YES	NO	NO	NO	NO
KANSAS	YES	YES	YES	NO	NO
KENTUCKY	NO	NO	YES	YES	NO
LOUISIANA	NO	YES	YES	NO	NO
MAINE	YES	NO	NO	YES	NO
MARYLAND	YES	YES	YES	NO	YES
MASSACHUSETTS	YES	YES	YES	NO	YES
MICHIGAN	YES	YES	YES	YES	YES
MINNESOTA	YES	YES	YES	NO	YES
MISSISSIPPI	NO	NO	NO	NO	NO
MISSOURI	YES	NO	YES	NO	NO
MONTANA	YES	YES	YES	NO	NO
NEBRASKA	YES	YES	YES	NO	NO
NEVADA	NO	YES	YES	NO	NO
NEW HAMPSHIRE	NO	NO	YES	NO	NO
NEW JERSEY	YES	NO	YES	NO	YES
NEW MEXICO	NO	YES	YES	NO	NO
NEW YORK	YES	YES	YES	NO	YES
NORTH CAROLINA	NO	NO	YES	NO	NO
NORTH DAKOTA	NO	YES	YES	NO	NO
OHIO	YES	YES	YES	NO	YES
OKLAHOMA	NO	NO	YES	NO	NO
OREGON	YES	YES	YES	NO	NO
PENNSYLVANIA	YES	NO	YES	NO	NO
RHODE ISLAND	YES	YES	YES	NO	NO
SOUTH CAROLINA	NO	NO	YES	NO	NO
SOUTH DAKOTA	NO	NO	YES	NO	NO
TENNESSEE	NO	YES	YES	NO	NO
TEXAS	NO	NO	YES	NO	NO
UTAH	NO	YES	YES	NO	NO
VERMONT	YES	YES	NO	NO	NO
VIRGINIA	NO	NO	YES	NO	NO
WASHINGTON	YES	YES	YES	NO	NO
WEST VIRGINIA	YES	NO	NO	NO	NO
WISCONSIN	YES	YES	YES	YES	YES
WYOMING	NO	YES	YES	NO	NO
TOTAL STATES	26	31	38	5	9

TABLE 2

MANDATORY MEDICAID ELIGIBILITY GROUPS: FAMILIES WITH DEPENDENT CHILDREN

	1972 "PASS-THROUGH" GROUPS		
	THOSE WHO WOULD BE ELIGIBLE BUT FOR INCREASED OASDI BENEFITS		
STATE	ELIGIBLE BUT DIDN'T APPLY	IN INSTITUTIONS: MED INSTS	NOT ICF'S
ALABAMA	NO	NO	NO
ALASKA	YES	YES	NO
ARKANSAS	NO	NO	NO
CALIFORNIA	YES	YES	YES
COLORADO	YES	YES	NO
CONNECTICUT	YES	YES	YES
DELAWARE	NO	YES	NO
DIST COLUMBIA	YES	YES	NO
FLORIDA	NO	YES	NO
GEORGIA	NO	YES	NO
HAWAII	NO	YES	YES
IDAHO	YES	YES	NO
ILLINOIS	NO	NO	NO
INDIANA	NO	NO	NO
IOWA	NO	YES	NO
KANSAS	NO	NO	NO
KENTUCKY	NO	YES	NO
LOUISIANA	YES	YES	NO
MAINE	NO	NO	NO
MARYLAND	YES	YES	NO
MASSACHUSETTS	YES	YES	NO
MICHIGAN	YES	NO	NO
MINNESOTA	YES	YES	NO
MISSISSIPPI	YES	YES	NO
MISSOURI	NO	NO	NO
MONTANA	YES	YES	NO
NEBRASKA	NO	NO	NO
NEVADA	YES	YES	NO
NEW HAMPSHIRE	NO	YES	YES
NEW JERSEY	NO	YES	NO
NEW MEXICO	NO	YES	NO
NEW YORK	YES	YES	NO
NORTH CAROLINA	NO	NO	NO
NORTH DAKOTA	NO	YES	YES
OHIO	YES	YES	NO
OKLAHOMA	YES	NO	NO
OREGON	YES	YES	NO
PENNSYLVANIA	YES	YES	NO
RHODE ISLAND	YES	YES	NO
SOUTH CAROLINA	NO	YES	NO
SOUTH DAKOTA	NO	NO	NO
TENNESSEE	NO	YES	NO
TEXAS	NO	NO	NO
UTAH	YES	YES	NO
VERMONT	YES	YES	NO
VIRGINIA	YES	YES	NO
WASHINGTON	YES	YES	NO
WEST VIRGINIA	NO	NO	NO
WISCONSIN	YES	YES	NO
WYOMING	NO	YES	NO
TOTAL STATES	25	36	5

BEST COPY AVAILABLE

TABLE 3

AFDC STANDARDS FOR BASIC NEEDS: NEED STANDARDS

STATE	ONE CHILD ($)			ONE ADULT ($)			FAMILY OF TWO ($)			FAMILY OF FOUR ($)		
	HIGH	LOW	DIFF	HIGH	LOW	DIFF	HIGH	LOW	DIFF	HIGH	LOW	DIFF
ALABAMA	192	—	—	192	—	—	288	—	—	480	—	—
ALASKA	246	—	—	371	—	—	617	—	—	775	—	—
ARKANSAS	97	—	—	97	—	—	193	—	—	273	—	—
CALIFORNIA	288	—	—	288	—	—	474	—	—	698	—	—
COLORADO	117	—	—	253	—	—	331	—	—	439	—	—
CONNECTICUT	361	298	63	361	298	63	459	397	62	664	557	107
DELAWARE	158	—	—	158	—	—	220	—	—	349	—	—
DIST COLUMBIA	412	—	—	412	—	—	514	—	—	798	—	—
FLORIDA	221	—	—	221	—	—	297	—	—	468	—	—
GEORGIA	202	—	—	202	—	—	306	—	—	432	—	—
HAWAII	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
IDAHO	365	—	—	365	—	—	446	—	—	554	—	—
ILLINOIS	214	193	21	394	321	73	497	457	40	768	720	48
INDIANA	185	—	—	185	—	—	247	—	—	363	—	—
IOWA	213	—	—	213	—	—	421	—	—	578	—	—
KANSAS	255	150	105	255	150	105	328	231	97	450	364	86
KENTUCKY	133	—	—	0	—	—	162	—	—	235	—	—
LOUISIANA	225	207	18	225	207	18	431	386	45	738	682	56
MAINE	148	—	—	252	—	—	398	—	—	674	—	—
MARYLAND	202	—	—	202	—	—	354	—	—	546	—	—
MASSACHUSETTS	287	—	—	287	—	—	365	—	—	515	—	—
MICHIGAN	360	306	54	360	306	54	472	406	66	696	630	66
MINNESOTA	248	—	—	186	—	—	434	—	—	616*	—	—
MISSISSIPPI	171	—	—	171	—	—	244	—	—	327	—	—
MISSOURI	145	—	—	145	—	—	250	—	—	365	—	—
MONTANA	70	—	—	256	92	164	341	151	190	514	263	251
NEBRASKA	210	—	—	70	—	—	280	—	—	420	—	—
NEVADA	56	—	—	173	—	—	229	—	—	341	—	—
NEW HAMPSHIRE	271	—	—	271	—	—	329	—	—	442	—	—
NEW JERSEY	154	—	—	154	—	—	307	—	—	465	—	—
NEW MEXICO	57	—	—	57	—	—	122	—	—	208	—	—
NEW YORK	382	218	164	382	218	164	504	314	190	707	485	222
NORTH CAROLINA	326	—	—	326	—	—	428	—	—	538	—	—
NORTH DAKOTA	100	—	—	201	—	—	301	—	—	454	—	—
OHIO	389	—	—	389	—	—	536	—	—	809	—	—
OKLAHOMA	141	—	—	291	—	—	364	—	—	583	—	—
OREGON	181	—	—	266	—	—	388	—	—	482	—	—
PENNSYLVANIA	313	252	61	313	252	61	469	396	73	675	596	79
RHODE ISLAND	298	242	56	298	242	56	407	331	76	574	467	107
SOUTH CAROLINA	219	—	—	219	—	—	294	—	—	444	—	—
SOUTH DAKOTA	220	57	163	220	57	163	286	123	163	371	208	163
TENNESSEE	173	—	—	173	—	—	260	—	—	413	—	—
TEXAS	197	—	—	235	—	—	493	—	—	691	—	—
UTAH	401	—	—	401	—	—	556	—	—	809	—	—
VERMONT	560	525	35	560	525	35	698	663	35	943	908	35
VIRGINIA	243	220	23	243	220	23	327	294	33	457	410	47
WASHINGTON	497	—	—	497	—	—	628	—	—	914	—	—
WEST VIRGINIA	289	107	182	289	107	182	401	219	182	623	430	193
WISCONSIN	308	298	10	545	528	17	641	620	21	764	742	22
WYOMING	195	—	—	195	—	—	320	—	—	390	—	—

XXX = DATA NOT REPORTED OR NOT AVAILABLE
* = ONE ADULT AND THREE CHILDREN

TABLE 4

AFDC STANDARDS FOR BASIC NEEDS: PAYMENT STANDARDS

STATE	ONE CHILD ($)			ONE ADULT ($)			FAMILY OF TWO ($)			FAMILY OF FOUR ($)		
	HIGH	LOW	DIFF	HIGH	LOW	DIFF	HIGH	LOW	DIFF	HIGH	LOW	DIFF
ALABAMA	59	—	—	59	—	—	88	—	—	147	—	—
ALASKA	246	—	—	371	—	—	617	—	—	775	—	—
ARKANSAS	80	—	—	80	—	—	159	—	—	224	—	—
CALIFORNIA	288	—	—	288	—	—	474	—	—	698	—	—
COLORADO	96	—	—	208	—	—	272	—	—	361	—	—
CONNECTICUT	361	298	63	361	298	63	459	397	62	664	557	107
DELAWARE	158	—	—	158	—	—	220	—	—	349	—	—
DIST COLUMBIA	206	—	—	206	—	—	257	—	—	399	—	—
FLORIDA	143	—	—	143	—	—	194	—	—	298	—	—
GEORGIA	123	—	—	123	—	—	187	—	—	264	—	—
HAWAII	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
IDAHO	200	—	—	200	—	—	245	—	—	304	—	—
ILLINOIS	80	66	14	198	161	37	250	230	20	385	361	24
INDIANA	185	—	—	185	—	—	247	—	—	363	—	—
IOWA	163	—	—	163	—	—	322	—	—	443	—	—
KANSAS	255	150	105	255	150	105	328	231	97	450	364	86
KENTUCKY	133	—	—	0	—	—	162	—	—	235	—	—
LOUISIANA	72	66	6	72	66	6	138	123	15	234	217	17
MAINE	108	—	—	183	—	—	269	—	—	489	—	—
MARYLAND	146	—	—	146	—	—	256	—	—	395	—	—
MASSACHUSETTS	282	—	—	282	—	—	358	—	—	505	—	—
MICHIGAN	301	256	45	301	256	45	393	338	55	580	525	55
MINNESOTA	248	—	—	186	—	—	434	—	—	616*	—	—
MISSISSIPPI	171	—	—	171	—	—	244	—	—	327	—	—
MISSOURI	121	—	—	121	—	—	209	—	—	305	—	—
MONTANA	53	—	—	212	76	136	282	125	157	426	217	209
NEBRASKA	210	—	—	70	—	—	280	—	—	420	—	—
NEVADA	56	—	—	173	—	—	229	—	—	341	—	—
NEW HAMPSHIRE	271	—	—	271	—	—	329	—	—	442	—	—
NEW JERSEY	154	—	—	154	—	—	307	—	—	465	—	—
NEW MEXICO	57	—	—	57	—	—	122	—	—	208	—	—
NEW YORK	382	218	164	382	218	164	504	314	190	707	485	222
NORTH CAROLINA	163	—	—	163	—	—	214	—	—	289	—	—
NORTH DAKOTA	100	—	—	201	—	—	301	—	—	454	—	—
OHIO	180	—	—	180	—	—	248	—	—	374	—	—
OKLAHOMA	87	—	—	192	180	12	240	225	15	384	361	23
OREGON	181	—	—	266	—	—	388	—	—	482	—	—
PENNSYLVANIA	181	147	34	181	147	34	273	232	41	415	367	48
RHODE ISLAND	298	242	56	298	242	56	407	331	76	574	467	107
SOUTH CAROLINA	118	—	—	118	—	—	158	—	—	239	—	—
SOUTH DAKOTA	220	—	—	220	—	—	286	—	—	371	—	—
TENNESSEE	78	—	—	78	—	—	117	—	—	186	—	—
TEXAS	63	—	—	75	—	—	158	—	—	221	—	—
UTAH	217	—	—	217	—	—	301	—	—	376	—	—
VERMONT	370	347	33	370	347	33	461	438	23	623	600	23
VIRGINIA	220	131	89	220	131	89	294	207	87	410	322	88
WASHINGTON	314	—	—	314	—	—	397	—	—	578	—	—
WEST VIRGINIA	535	198	337	535	198	337	742	405	337	1,153	796	357
WISCONSIN	262	253	9	463	449	14	545	527	18	649	631	18
WYOMING	195	—	—	195	—	—	320	—	—	390	—	—

XXX = DATA NOT REPORTED OR NOT AVAILABLE
* = ONE ADULT AND THREE CHILDREN

TABLE 5

AFDC STANDARDS FOR BASIC NEEDS: MAXIMUM PAYMENT

STATE	ONE CHILD ($)			ONE ADULT ($)			FAMILY OF TWO ($)			FAMILY OF FOUR ($)		
	HIGH	LOW	DIFF	HIGH	LOW	DIFF	HIGH	LOW	DIFF	HIGH	LOW	DIFF
ALABAMA	59	—	—	59	—	—	88	—	—	147	—	—
ALASKA	246	—	—	371	—	—	617	—	—	775	—	—
ARKANSAS	80	—	—	80	—	—	156	—	—	224	—	—
CALIFORNIA	288	—	—	288	—	—	474	—	—	698	—	—
COLORADO	96	—	—	208	—	—	272	—	—	361	—	—
CONNECTICUT	361	298	63	361	298	63	459	397	62	664	557	107
DELAWARE	158	—	—	158	—	—	220	—	—	349	—	—
DIST COLUMBIA	206	—	—	206	—	—	257	—	—	399	—	—
FLORIDA	143	—	—	143	—	—	194	—	—	298	—	—
GEORGIA	123	—	—	123	—	—	187	—	—	264	—	—
HAWAII	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
IDAHO	200	—	—	200	—	—	250	—	—	359	—	—
ILLINOIS	80	66	14	198	161	37	250	230	20	385	361	24
INDIANA	98	—	—	98	—	—	196	—	—	316	—	—
IOWA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
KANSAS	255	150	105	255	150	105	328	231	97	450	364	86
KENTUCKY	133	—	—	0	—	—	162	—	—	235	—	—
LOUISIANA	72	—	—	72	—	—	138	—	—	234	—	—
MAINE	108	—	—	183	—	—	289	—	—	489	—	—
MARYLAND	146	—	—	146	—	—	256	—	—	395	—	—
MASSACHUSETTS	282	—	—	282	—	—	358	—	—	505	—	—
MICHIGAN	301	256	45	301	256	45	393	338	55	580	525	55
MINNESOTA	248	—	—	186	—	—	434	—	—	616*	—	—
MISSISSIPPI	0	—	—	0	—	—	96	—	—	144	—	—
MISSOURI	121	—	—	121	—	—	209	—	—	305	—	—
MONTANA	53	—	—	212	76	136	282	125	157	426	217	209
NEBRASKA	210	—	—	70	—	—	280	—	—	420	—	—
NEVADA	56	—	—	173	—	—	229	—	—	341	—	—
NEW HAMPSHIRE	271	—	—	271	—	—	329	—	—	442	—	—
NEW JERSEY	154	—	—	154	—	—	307	—	—	465	—	—
NEW MEXICO	57	—	—	57	—	—	122	—	—	208	—	—
NEW YORK	382	218	164	382	218	164	504	314	190	707	485	222
NORTH CAROLINA	163	—	—	163	—	—	214	—	—	289	—	—
NORTH DAKOTA	100	—	—	201	—	—	301	—	—	454	—	—
OHIO	180	—	—	180	—	—	248	—	—	374	—	—
OKLAHOMA	87	—	—	192	180	12	240	225	15	384	361	23
OREGON	181	—	—	266	—	—	388	—	—	482	—	—
PENNSYLVANIA	181	147	34	181	147	34	273	232	41	415	367	48
RHODE ISLAND	298	242	56	298	242	56	407	331	76	574	467	107
SOUTH CAROLINA	118	—	—	118	—	—	158	—	—	239	—	—
SOUTH DAKOTA	383	220	163	383	220	163	449	286	163	534	371	163
TENNESSEE	78	—	—	78	—	—	117	—	—	186	—	—
TEXAS	63	—	—	75	—	—	158	—	—	221	—	—
UTAH	217	—	—	217	—	—	301	—	—	376	—	—
VERMONT	370	347	23	370	347	23	461	438	23	623	600	23
VIRGINIA	220	131	89	220	131	89	294	207	87	410	322	88
WASHINGTON	314	—	—	314	—	—	397	—	—	578	—	—
WEST VIRGINIA	145	55	90	145	55	90	201	110	91	312	215	97
WISCONSIN	262	253	9	463	449	14	545	527	18	649	631	18
WYOMING	195	—	—	195	—	—	320	—	—	390	—	—

XXX = DATA NOT REPORTED OR NOT AVAILABLE
* = ONE ADULT AND THREE CHILDREN

TABLE 6

MANDATORY ELIGIBILITY GROUPS: AGED, BLIND, AND DISABLED

STATE	ALL SSI RECIPIENTS			INDIVIDUALS WHO MEET MORE RESTRICTIVE ELIGIBILITY CRITERIA			1973 "GRANDFATHERED" GROUPS: INDIVIDUALS WHO IN DEC 1973 WERE ELIGIBLE FOR MEDICAID & CONTINUE TO BE ELIGIBLE UNDER SUCH RULES		
							ESSENTIAL SPOUSE		
	AGED	BLIND	DISABLED	AGED	BLIND	DISABLED	AGED	BLIND	DISABLED
ALABAMA	YES	YES	YES	NO	NO	NO	NO	NO	NO
ALASKA	YES	YES	YES	NO	NO	NO	NO	NO	NO
ARKANSAS	YES	YES	YES	NO	NO	NO	YES	YES	YES
CALIFORNIA	YES	YES	YES	NO	NO	NO	NO	NO	NO
COLORADO	YES	YES	YES	NO	NO	NO	NO	YES	YES
CONNECTICUT	NO	NO	NO	YES	YES	YES	NO	NO	NO
DELAWARE	YES	YES	YES	NO	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	NO	NO	NO	YES	YES	YES
FLORIDA	YES	YES	YES	NO	NO	NO	NO	NO	NO
GEORGIA	YES	YES	YES	NO	NO	NO	NO	NO	NO
HAWAII	NO	NO	NO	YES	YES	YES	YES	YES	YES
IDAHO	YES	YES	YES	NO	NO	NO	NO	NO	NO
ILLINOIS	NO	NO	NO	YES	YES	YES	NO	NO	NO
INDIANA	NO	NO	NO	YES	YES	YES	NO	NO	NO
IOWA	YES	YES	YES	NO	NO	NO	YES	YES	YES
KANSAS	YES	YES	YES	NO	NO	NO	YES	YES	YES
KENTUCKY	YES	YES	YES	NO	NO	NO	YES	YES	YES
LOUISIANA	YES	YES	YES	NO	NO	NO	YES	YES	YES
MAINE	YES	YES	YES	NO	NO	NO	NO	NO	NO
MARYLAND	YES	YES	YES	NO	NO	NO	YES	YES	YES
MASSACHUSETTS	YES	YES	YES	NO	NO	NO	YES	YES	YES
MICHIGAN	YES	YES	YES	NO	NO	NO	NO	NO	NO
MINNESOTA	NO	NO	NO	YES	YES	YES	NO	NO	NO
MISSISSIPPI	YES	YES	YES	NO	NO	NO	NO	NO	NO
MISSOURI	NO	NO	NO	YES	YES	YES	NO	NO	NO
MONTANA	YES	YES	YES	NO	NO	NO	YES	YES	YES
NEBRASKA	NO	NO	NO	YES	YES	YES	NO	NO	NO
NEVADA	YES	YES	YES	NO	NO	NO	NO	NO	NO
NEW HAMPSHIRE	NO	NO	NO	YES	YES	YES	NO	NO	NO
NEW JERSEY	YES	YES	YES	NO	NO	NO	YES	YES	YES
NEW MEXICO	YES	YES	YES	NO	NO	NO	NO	NO	NO
NEW YORK	YES	YES	YES	NO	NO	NO	YES	YES	YES
NORTH CAROLINA	NO	NO	NO	YES	YES	YES	YES	YES	YES
NORTH DAKOTA	NO	NO	NO	YES	YES	YES	YES	YES	YES
OHIO	NO	NO	NO	YES	YES	YES	YES	YES	YES
OKLAHOMA	NO	NO	NO	YES	YES	YES	YES	YES	YES
OREGON	YES	YES	YES	NO	NO	NO	YES	YES	YES
PENNSYLVANIA	YES	YES	YES	NO	NO	NO	YES	YES	YES
RHODE ISLAND	YES	YES	YES	NO	NO	NO	YES	YES	YES
SOUTH CAROLINA	YES	YES	YES	NO	NO	NO	YES	YES	YES
SOUTH DAKOTA	YES	YES	YES	NO	NO	NO	NO	NO	NO
TENNESSEE	YES	YES	YES	NO	NO	NO	NO	NO	NO
TEXAS	YES	YES	YES	NO	NO	NO	NO	NO	NO
UTAH	NO	NO	NO	YES	YES	YES	YES	YES	YES
VERMONT	YES	YES	YES	NO	NO	NO	YES	YES	YES
VIRGINIA	NO	NO	NO	YES	YES	YES	YES	YES	YES
WASHINGTON	YES	YES	YES	NO	NO	NO	YES	YES	YES
WEST VIRGINIA	YES	YES	YES	NO	NO	NO	YES	YES	YES
WISCONSIN	YES	YES	YES	NO	NO	NO	YES	YES	YES
WYOMING	YES	YES	YES	NO	NO	NO	YES	YES	YES
TOTAL STATES	38	38	38	14	14	14	27	28	28

TABLE 7

MANDATORY MEDICAID ELIGIBILITY GROUPS: AGED, BLIND, AND DISABLED PASS-THROUGH GROUPS

	1972 "PASS-THROUGH" GROUPS		
	THOSE INELIGIBLE FOR SSI/SSP DUE TO A JULY 1972 INCREASE IN OASDI BENEFITS AND WHO, IN AUGUST 1972, WERE:		
		INSTITUTIONALIZED INDIVIDUALS	
STATE	ELIGIBLE BUT HAD NOT APPLIED	MEDICAL INSTITUTIONS	NOT ICF'S
ALABAMA	NO	YES	NO
ALASKA	YES	YES	NO
ARKANSAS	NO	NO	NO
CALIFORNIA	YES	YES	YES
COLORADO	YES	YES	NO
CONNECTICUT	YES	YES	YES
DELAWARE	NO	YES	NO
DIST COLUMBIA	YES	YES	NO
FLORIDA	NO	YES	NO
GEORGIA	NO	YES	NO
HAWAII	NO	NO	NO
IDAHO	YES	YES	NO
ILLINOIS	NO	NO	NO
INDIANA	NO	NO	NO
IOWA	NO	YES	NO
KANSAS	NO	NO	NO
KENTUCKY	NO	YES	NO
LOUISIANA	YES	YES	NO
MAINE	NO	NO	NO
MARYLAND	YES	YES	NO
MASSACHUSETTS	YES	YES	NO
MICHIGAN	YES	NO	NO
MINNESOTA	YES	YES	NO
MISSISSIPPI	NO	YES	NO
MISSOURI	NO	NO	NO
MONTANA	YES	YES	NO
NEBRASKA	NO	NO	NO
NEVADA	YES	YES	NO
NEW HAMPSHIRE	NO	NO	YES
NEW JERSEY	NO	YES	NO
NEW MEXICO	NO	YES	NO
NEW YORK	YES	YES	NO
NORTH CAROLINA	NO	NO	NO
NORTH DAKOTA	NO	NO	YES
OHIO	YES	YES	NO
OKLAHOMA	YES	NO	NO
OREGON	YES	YES	NO
PENNSYLVANIA	YES	YES	NO
RHODE ISLAND	YES	YES	NO
SOUTH CAROLINA	NO	YES	NO
SOUTH DAKOTA	NO	NO	NO
TENNESSEE	NO	YES	NO
TEXAS	NO	NO	NO
UTAH	YES	YES	NO
VERMONT	YES	YES	NO
VIRGINIA	YES	YES	NO
WASHINGTON	YES	YES	NO
WEST VIRGINIA	NO	NO	NO
WISCONSIN	YES	YES	NO
WYOMING	NO	YES	NO
TOTAL STATES	24	34	4

TABLE 7 (CONTINUED)

MANDATORY MEDICAID ELIGIBILITY GROUPS: AGED, BLIND, AND DISABLED
PASS-THROUGH GROUPS

STATE	1977 "PASS-THROUGH" GROUPS: THOSE WHO HAD RECEIVED SSI/SSP AND WOULD NOW BE ELIGIBLE FOR SUCH PAYMENTS BUT FOR INCREASES IN OASDI BENEFITS PAID AFTER APR 1977		
	APPLICABLE TO SSP RECIPIENTS	APPLICABLE UNDER STATE REQUIREMENTS	STATE DEDUCTS FROM THE INCOME THE AMOUNTS OF INCREASE THAT CAUSED INELIGIBILITY
ALABAMA	YES	YES	NO
ALASKA	YES	YES	NO
ARKANSAS	YES	YES	NO
CALIFORNIA	YES	YES	NO
COLORADO	YES	YES	NO
CONNECTICUT	YES	NO	NO
DELAWARE	YES	YES	NO
DIST COLUMBIA	YES	YES	NO
FLORIDA	NO	YES	NO
GEORGIA	YES	YES	NO
HAWAII	YES	YES	YES
IDAHO	YES	YES	NO
ILLINOIS	YES	NO	NO
INDIANA	YES	NO	NO
IOWA	YES	YES	NO
KANSAS	YES	YES	NO
KENTUCKY	YES	YES	NO
LOUISIANA	YES	YES	NO
MAINE	YES	YES	NO
MARYLAND	YES	YES	NO
MASSACHUSETTS	YES	YES	NO
MICHIGAN	YES	YES	NO
MINNESOTA	YES	YES	YES
MISSISSIPPI	NO	YES	NO
MISSOURI	YES	NO	NO
MONTANA	YES	YES	NO
NEBRASKA	YES	NO	NO
NEVADA	YES	YES	NO
NEW HAMPSHIRE	YES	YES	YES
NEW JERSEY	YES	YES	NO
NEW MEXICO	NO	YES	NO
NEW YORK	YES	YES	NO
NORTH CAROLINA	YES	YES	YES
NORTH DAKOTA	YES	NO	NO
OHIO	YES	NO	NO
OKLAHOMA	YES	YES	YES
OREGON	YES	YES	NO
PENNSYLVANIA	YES	YES	NO
RHODE ISLAND	YES	YES	NO
SOUTH CAROLINA	YES	YES	NO
SOUTH DAKOTA	NO	YES	NO
TENNESSEE	YES	YES	NO
TEXAS	NO	YES	NO
UTAH	YES	NO	NO
VERMONT	YES	YES	NO
VIRGINIA	YES	YES	YES
WASHINGTON	YES	YES	NO
WEST VIRGINIA	NO	YES	NO
WISCONSIN	YES	YES	NO
WYOMING	NO	YES	NO
TOTAL STATES	43	42	8

BEST COPY AVAILABLE

TABLE 8

OPTIONAL MEDICAID ELIGIBILITY GROUPS: FAMILIES WITH DEPENDENT CHILDREN

STATE	ELIGIBLE FOR BUT NOT RECEIVING AFDC	WOULD BE ELIGIBLE IF NOT IN AN INSTITUTION	WOULD BE ELIGIBLE IF CHILD CARE COSTS WERE PAID FROM EARNINGS	BROAD AS ALLOWED UNDER TITLE IV-A, SUCH AS:		INDIVIDUALS CURRENTLY ENROLLED IN HMO'S
				FAMILIES WITH UNEMPLOYED PARENTS	OTHER	
ALABAMA	NO	YES	NO	NO	NO	NO
ALASKA	YES	YES	NO	NO	NO	NO
ARKANSAS	NO	YES	NO	NO	NO	NO
CALIFORNIA	NO	NO	NO	NO	NO	YES
COLORADO	YES	YES	YES	NO	NO	NO
CONNECTICUT	YES	YES	NO	NO	NO	YES
DELAWARE	NO	YES	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	NO	NO	YES
FLORIDA	NO	YES	NO	YES	NO	NO
GEORGIA	NO	YES	NO	NO	NO	NO
HAWAII	YES	YES	YES	YES	NO	YES
IDAHO	YES	YES	NO	NO	YES	NO
ILLINOIS	NO	NO	NO	NO	NO	NO
INDIANA	NO	NO	NO	NO	NO	YES
IOWA	YES	YES	NO	NO	NO	NO
KANSAS	NO	NO	NO	NO	NO	NO
KENTUCKY	NO	NO	NO	YES	NO	NO
LOUISIANA	NO	YES	NO	NO	NO	NO
MAINE	YES	YES	NO	NO	NO	NO
MARYLAND	YES	YES	NO	NO	NO	NO
MASSACHUSETTS	YES	YES	NO	NO	NO	YES
MICHIGAN	NO	NO	NO	NO	NO	NO
MINNESOTA	YES	YES	YES	YES	YES	NO
MISSISSIPPI	NO	YES	NO	NO	NO	NO
MISSOURI	NO	NO	NO	NO	NO	NO
MONTANA	YES	YES	YES	NO	NO	NO
NEBRASKA	NO	NO	NO	NO	NO	NO
NEVADA	NO	YES	NO	NO	NO	YES
NEW HAMPSHIRE	YES	YES	NO	NO	NO	YES
NEW JERSEY	YES	YES	NO	YES	NO	YES
NEW MEXICO	NO	YES	NO	NO	NO	NO
NEW YORK	YES	YES	YES	YES	YES	YES
NORTH CAROLINA	YES	NO	NO	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	NO	NO	NO
OHIO	NO	YES	YES	NO	NO	NO
OKLAHOMA	YES	YES	YES	NO	NO	NO
OREGON	YES	YES	NO	NO	NO	NO
PENNSYLVANIA	YES	YES	YES	YES	NO	NO
RHODE ISLAND	YES	YES	YES	YES	NO	NO
SOUTH CAROLINA	NO	YES	NO	NO	NO	NO
SOUTH DAKOTA	NO	YES	NO	NO	NO	NO
TENNESSEE	NO	YES	NO	NO	NO	NO
TEXAS	NO	YES	NO	NO	NO	NO
UTAH	YES	YES	YES	NO	NO	NO
VERMONT	YES	YES	NO	NO	NO	NO
VIRGINIA	YES	YES	NO	NO	NO	NO
WASHINGTON	YES	YES	NO	NO	NO	NO
WEST VIRGINIA	YES	NO	NO	NO	NO	NO
WISCONSIN	YES	YES	YES	YES	NO	NO
WYOMING	NO	YES	NO	NO	NO	NO
TOTAL STATES	26	39	12	9	3	10

TABLE 9

INDIVIDUALS UNDER AGE 21 WHO WOULD BE ELIGIBLE FOR AFDC BUT DO NOT QUALIFY AS DEPENDENT CHILDREN: EXAMPLES OF REASONABLE CLASSIFICATIONS OF SUCH CHILDREN

STATE	THOSE FOR WHOM PUBLIC AGENCIES ARE ASSUMING SOME FINANCIAL RESPONSIBILITY & WHO ARE IN: FOSTER HOMES	PRIVATE INSTITUTIONS	PLACED BY PRIVATE, NONPROFIT AGENCIES	INDIVIDUAL ADOPTIONS SUBSIDIZED BY PUBLIC AGENCY	INSTITUTIONALIZED INDIVIDUALS: IN ICFS	IN ICF-MR	THOSE IN PSYCHIATRIC FACILITIES OR PROGRAMS	OTHER DEFINED GROUPS
ALABAMA	18	18	—	—	—	—	—	—
ALASKA	21	—	—	—	—	—	—	—
ARKANSAS	21	21	—	—	—	—	—	—
CALIFORNIA	—	—	—	—	—	—	—	—
COLORADO	21	21	—	21	21	21	21	21
CONNECTICUT	—	—	—	—	—	—	—	—
DELAWARE	21	21	21	—	21	21	—	21
DIST COLUMBIA	—	—	—	—	—	—	—	—
FLORIDA	21	21	21	—	—	—	—	21
GEORGIA	18	18	—	18	—	—	—	—
HAWAII	19	—	—	—	19	—	—	19
IDAHO	21	21	—	—	21	21	—	18
ILLINOIS	—	—	—	—	—	—	—	21
INDIANA	—	—	—	—	—	—	21	20
IOWA	—	—	—	—	—	—	—	—
KANSAS	21	21	—	21	21	21	21	21
KENTUCKY	19	19	19	19	—	—	19	19
LOUISIANA	21	21	—	—	21	21	21	—
MAINE	—	—	—	—	—	—	—	—
MARYLAND	—	—	—	—	—	—	—	—
MASSACHUSETTS	—	—	—	—	—	—	—	—
MICHIGAN	—	—	—	—	—	—	—	—
MINNESOTA	—	—	—	—	—	—	—	—
MISSISSIPPI	—	—	—	—	—	—	—	—
MISSOURI	21	21	—	21	18	18	21	21
MONTANA	21	21	21	21	21	21	21	21
NEBRASKA	—	—	—	—	—	—	—	—
NEVADA	19	19	—	19	19	19	—	—
NEW HAMPSHIRE	19	19	—	19	—	—	—	—
NEW JERSEY	—	—	—	—	—	—	—	—
NEW MEXICO	18	18	—	18	—	—	—	—
NEW YORK	—	—	—	—	—	—	—	—
NORTH CAROLINA	19	19	19	19	19	19	21	19
NORTH DAKOTA	—	—	—	—	—	—	—	—
OHIO	21	21	21	21	21	21	21	—
OKLAHOMA	—	—	—	—	—	—	—	—
OREGON	21	21	—	21	21	21	21	21
PENNSYLVANIA	—	—	—	—	—	—	—	—
RHODE ISLAND	19	—	19	—	19	19	—	—
SOUTH CAROLINA	21	21	—	—	—	—	—	—
SOUTH DAKOTA	—	—	—	18	18	18	—	—
TENNESSEE	21	21	21	21	21	21	21	21
TEXAS	19	19	19	19	19	19	—	19
UTAH	—	—	—	—	—	—	—	—
VERMONT	—	—	—	—	—	—	—	—
VIRGINIA	21	21	—	21	21	—	—	—
WASHINGTON	21	21	21	21	21	21	21	—
WEST VIRGINIA	21	—	18	18	18	—	—	—
WISCONSIN	—	—	—	—	21	21	21	21
WYOMING	—	—	—	—	—	—	—	—
TOTAL STATES	27	23	11	18	20	17	13	18

TABLE 10

OPTIONAL MEDICAID ELIGIBILITY GROUPS: AGED, BLIND, AND DISABLED INDIVIDUALS WHO RECEIVE STATE SUPPLEMENTAL PAYMENTS

STATE	ALL AGED	ALL BLIND	ALL DISABLED	ONLY THOSE IN GROUP LIVING ARRANGEMENTS: AGED	BLIND	DISABLED	UNDER 42 CFR 435.230	THOSE RECEIVING FEDERALLY ADMINISTERED STATE SUPPLEMENT: UNDER 20 CFR 416.2020(D)	SUPPLEMENT VARIES BY POLITICAL SUBDIVISION
ALABAMA	YES	YES	YES	NO	NO	NO	NO	NO	NO
ALASKA	YES	YES	YES	NO	NO	NO	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	NO	NO	NO	NO	NO
CALIFORNIA	YES	YES	YES	NO	NO	NO	YES	NO	NO
COLORADO	YES	NO	NO	NO	NO	NO	NO	NO	NO
CONNECTICUT	YES	YES	YES	NO	NO	NO	NO	NO	YES
DELAWARE	NO	NO	NO	NO	NO	NO	YES	NO	NO
DIST COLUMBIA	NO	NO	NO	NO	NO	NO	NO	NO	NO
FLORIDA	NO	NO	NO	NO	NO	NO	NO	NO	NO
GEORGIA	NO	NO	NO	NO	NO	NO	NO	NO	NO
HAWAII	YES	YES	YES	NO	NO	NO	NO	NO	NO
IDAHO	YES	YES	YES	NO	NO	NO	NO	NO	NO
ILLINOIS	YES	YES	YES	NO	NO	NO	NO	NO	YES
INDIANA	NO	NO	NO	YES	YES	YES	NO	NO	NO
IOWA	NO	YES	NO	YES	NO	YES	YES	NO	NO
KANSAS	NO	NO	NO	NO	NO	NO	NO	NO	NO
KENTUCKY	NO	NO	NO	YES	YES	YES	NO	NO	NO
LOUISIANA	NO	NO	NO	NO	NO	NO	NO	NO	NO
MAINE	YES	YES	YES	NO	NO	NO	NO	NO	NO
MARYLAND	NO	NO	NO	YES	YES	YES	NO	NO	NO
MASSACHUSETTS	YES	YES	YES	NO	NO	NO	NO	NO	NO
MICHIGAN	YES	YES	YES	NO	NO	NO	NO	NO	NO
MINNESOTA	YES	YES	YES	NO	NO	NO	NO	NO	YES
MISSISSIPPI	NO	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	NO	YES	NO	YES	NO	YES	NO	NO	NO
MONTANA	NO	NO	NO	NO	NO	NO	YES	NO	NO
NEBRASKA	YES	YES	YES	NO	NO	NO	NO	NO	NO
NEVADA	NO	NO	NO	NO	NO	YES	NO	NO	NO
NEW HAMPSHIRE	YES	YES	YES	NO	NO	NO	NO	NO	NO
NEW JERSEY	YES	YES	YES	NO	NO	NO	YES	NO	NO
NEW MEXICO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NEW YORK	YES	YES	YES	NO	NO	NO	NO	NO	YES
NORTH CAROLINA	NO	NO	NO	YES	YES	YES	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	NO	NO	NO	NO	NO	NO
OHIO	NO	NO	NO	YES	YES	YES	NO	NO	NO
OKLAHOMA	NO	NO	NO	NO	NO	NO	NO	NO	NO
OREGON	YES	YES	YES	NO	NO	NO	NO	NO	NO
PENNSYLVANNIA	YES	YES	YES	NO	NO	NO	YES	YES	NO
RHODE ISLAND	YES	YES	YES	NO	NO	NO	YES	NO	NO
SOUTH CAROLINA	NO	NO	NO	YES	YES	YES	NO	NO	NO
SOUTH DAKOTA	NO	NO	NO	YES	YES	YES	NO	NO	NO
TENNESSEE	NO	NO	NO	NO	NO	NO	NO	NO	NO
TEXAS	NO	NO	NO	NO	NO	NO	NO	NO	NO
UTAH	NO	NO	NO	NO	NO	NO	NO	NO	NO
VERMONT	YES	YES	YES	NO	NO	NO	NO	NO	NO
VIRGINIA	NO	NO	NO	YES	YES	YES	NO	NO	NO
WASHINGTON	YES	YES	YES	NO	NO	NO	NO	NO	YES
WEST VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO	NO
WISCONSIN	YES	YES	YES	NO	NO	NO	YES	YES	NO
WYOMING	NO	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	22	23	21	10	8	11	8	2	5

TABLE 11

OPTIONAL MEDICAID ELIGIBILITY GROUPS: AGED, BLIND, AND DISABLED

STATE	INSTITUTIONALIZED INDIVIDUALS: ELIGIBLE FOR BUT NOT RECEIVING SSI/SSP	INSTITUTIONALIZED INDIVIDUALS: INELIGIBLE FOR SSI/SSP BECAUSE IN INSTITUTION	INSTITUTIONALIZED INDIVIDUALS: ELIGIBLE UNDER SPECIAL INCOME LEVEL ($)	RECEIVING HOME & COMMUNITY-BASED SERVICES UNDER 2176 WAIVER	CERTAIN DISABLED CHILDREN AGE 18 OR UNDER AT HOME, WHO WOULD BE ELIGIBLE IF IN MEDICAL INSTITUTION
ALABAMA	NO	YES	853	YES	NO
ALASKA	YES	YES	1,008	NO	NO
ARKANSAS	NO	YES	1,008	NO	YES
CALIFORNIA	NO	NO	—	YES	NO
COLORADO	YES	YES	1,008	YES	NO
CONNECTICUT	YES	YES	1,008	YES	NO
DELAWARE	NO	YES	805	NO	NO
DIST COLUMBIA	YES	YES	—	NO	NO
FLORIDA	NO	YES	870	YES	NO
GEORGIA	NO	YES	925	YES	YES
HAWAII	YES	YES	**	YES	NO
IDAHO	YES	YES	675	YES	YES
ILLINOIS	NO	NO	—	YES	NO
INDIANA	NO	NO	—	YES	NO
IOWA	YES	YES	1,008	YES	NO
KANSAS	NO	NO	—	YES	NO
KENTUCKY	NO	NO	—	YES	NO
LOUISIANA	NO	YES	1,008	YES	NO
MAINE	YES	YES	1,008	YES	YES
MARYLAND	YES	YES	1,008	YES	YES
MASSACHUSETTS	YES	YES	**	YES	NO
MICHIGAN	NO	NO	—	NO	NO
MINNESOTA	YES	YES	—	YES	YES
MISSISSIPPI	NO	YES	1,008	NO	NO
MISSOURI	NO	NO	—	YES	NO
MONTANA	YES	YES	—	YES	NO
NEBRASKA	NO	NO	—	NO	NO
NEVADA	NO	YES	714	YES	YES
NEW HAMPSHIRE	YES	YES	848	YES	NO
NEW JERSEY	YES	YES	1,008	YES	NO
NEW MEXICO	NO	YES	880	YES	NO
NEW YORK	YES	YES	—	YES	YES
NORTH CAROLINA	YES	NO	—	YES	NO
NORTH DAKOTA	NO	NO	—	NO	NO
OHIO	NO	YES	—	YES	NO
OKLAHOMA	YES	YES	—	YES	NO
OREGON	YES	YES	1,008	YES	NO
PENNSYLVANIA	YES	YES	1,008	YES	YES
RHODE ISLAND	YES	YES	1,008	YES	YES
SOUTH CAROLINA	NO	YES	1,008	YES	NO
SOUTH DAKOTA	NO	YES	1,008	YES	NO
TENNESSEE	NO	YES	1,008	YES	NO
TEXAS	NO	YES	850	YES	NO
UTAH	YES	YES	—	NO	NO
VERMONT	YES	YES	1,008	YES	NO
VIRGINIA	YES	YES	1,008	YES	NO
WASHINGTON	YES	YES	1,008	YES	NO
WEST VIRGINIA	YES	NO	1,008	YES	YES
WISCONSIN	YES	YES	1,008	YES	YES
WYOMING	NO	YES	1,008	NO	NO
TOTAL STATES	26	39	31	40	12

** INDICATES DATA NOT REPORTED

TABLE 12

STATE SUPPLEMENTATION PROGRAMS FOR THE AGED, BLIND, AND DISABLED

STATE	MANDATORY STATE SUPPLEMENTS	OPTIONAL STATE SUPPLEMENTS FOR BASIC NEEDS	OPTIONAL STATE SUPPLEMENTS FOR SPECIAL NEEDS
ALABAMA	YES	NO	YES
ALASKA	YES	YES	NO
ARKANSAS	YES	NO	NO
CALIFORNIA	NO	YES	NO
COLORADO	YES	NO	NO
CONNECTICUT	NO	YES	NO
DELAWARE	YES	NO	YES
DIST COLUMBIA	NO	YES	NO
FLORIDA	YES	NO	YES
GEORGIA	YES	NO	NO
HAWAII	NO	NO	NO
IDAHO	YES	YES	YES
ILLINOIS	YES	YES	NO
INDIANA	YES	YES	NO
IOWA	YES	NO	YES
KANSAS	YES	NO	NO
KENTUCKY	YES	NO	YES
LOUISIANA	YES	YES	NO
MAINE	NO	YES	NO
MARYLAND	NO	NO	YES
MASSACHUSETTS	NO	YES	NO
MICHIGAN	YES	YES	YES
MINNESOTA	NO	YES	YES
MISSISSIPPI	YES	NO	NO
MISSOURI	YES	YES	NO
MONTANA	NO	NO	YES
NEBRASKA	YES	YES	YES
NEVADA	NO	YES	YES
NEW HAMPSHIRE	YES	YES	NO
NEW JERSEY	YES	YES	NO
NEW MEXICO	NO	NO	NO
NEW YORK	YES	YES	NO
NORTH CAROLINA	YES	NO	YES
NORTH DAKOTA	YES	NO	NO
OHIO	NO	NO	YES
OKLAHOMA	YES	YES	NO
OREGON	YES	YES	YES
PENNSYLVANIA	YES	YES	NO
RHODE ISLAND	YES	YES	NO
SOUTH CAROLINA	NO	NO	YES
SOUTH DAKOTA	YES	YES	NO
TENNESSEE	YES	NO	NO
TEXAS	NO	NO	NO
UTAH	YES	NO	NO
VERMONT	YES	YES	YES
VIRGINIA	NO	NO	YES
WASHINGTON	YES	YES	NO
WEST VIRGINIA	NO	NO	NO
WISCONSIN	NO	YES	NO
WYOMING	YES	NO	NO
TOTAL STATES	33	26	18

TABLE 13

STATE SUPPLEMENTATION PROGRAMS FOR THE AGED, BLIND, AND DISABLED

TOTAL MONTHLY COMBINED FEDERAL/STATE PAYMENT LEVELS TO RECIPIENTS WITH NO COUNTABLE INCOME AND NO SPECIAL NEEDS

	INDIVIDUAL LIVING INDEPENDENTLY($)			COUPLE LIVING INDEPENDENTLY($)		
STATE	AGED	BLIND	DISABLED	AGED	BLIND	DISABLED
ALABAMA	336	336	336	504	504	504
ALASKA	565	566	566	830	830	830
ARKANSAS	336	336	336	504	504	504
CALIFORNIA	533	597	533	989	1,162	989
COLORADO	394	340	340	798	680	680
CONNECTICUT	342	342	342	541	541	541
DELAWARE	336	336	336	504	504	504
DIST COLUMBIA	351	351	351	534	534	534
FLORIDA	460	460	460	752	752	752
GEORGIA	336	336	336	504	504	504
HAWAII	****	****	****	****	****	****
IDAHO	388	388	388	524	524	524
ILLINOIS	****	****	****	****	****	****
INDIANA	683	683	683	1,366	1,366	1,366
IOWA	336	358	336	504	548**	504
KANSAS	101	164	160	***	***	***
KENTUCKY	498	498	498	996	996	996
LOUISIANA	336	336	336	504	504	504
MAINE	346	346	346	534	534	534
MARYLAND	***	***	***	***	***	***
MASSACHUSETTS	465	***	450	375	***	388
MICHIGAN	336	336	336	504	504	504
MINNESOTA	369	369	369	380	380	380
MISSISSIPPI	150	150	150	300	300	300
MISSOURI	****	****	****	****	****	****
MONTANA	336	336	336	504	504	504
NEBRASKA	391	391	391	588	588	588
NEVADA	372	445	336	578	879	504
NEW HAMPSHIRE	350	350	350	505	505	505
NEW JERSEY	367	367	367	529	529	529
NEW MEXICO	***	***	***	***	***	***
NEW YORK	408	408	408	597	597	597
NORTH CAROLINA	***	***	***	***	***	***
NORTH DAKOTA	***	***	***	***	***	***
OHIO*	550	550	550	1,100	1,100	1,100
OKLAHOMA	400	400	400	632	632	632
OREGON	338	363	338	499	530	498
PENNSYLVANIA	346	346	346	521	521	521
RHODE ISLAND	392	392	392	609	609	609
SOUTH CAROLINA	336	336	336	504	504	504
SOUTH DAKOTA	497	497	497	***	***	***
TENNESSEE	420	420	420	636	636	636
TEXAS	***	***	***	***	***	***
UTAH	346	346	346	524	524	524
VERMONT	392	392	392	605	605	605
VIRGINIA	***	***	***	***	***	***
WASHINGTON	364	364	364	***	***	***
WEST VIRGINIA	***	***	***	***	***	***
WISCONSIN	438	438	438	625	625	625
WYOMING	356	356	356	544	544	544
SIMPLE AVERAGE	385	388	384	609	627	604

* PAYMENT DEPENDS UPON LIVING ARRANGEMENT
** BOTH BLIND FOR COUPLE LIVING INDEPENDENTLY - BLIND
*** DATA NOT REPORTED OR NOT AVAILABLE
**** DEPENDENT ON NEED AND INCOME

TABLE 14

MEDICALLY NEEDY: FINANCIAL CRITERIA

STATE	PRESENCE OF MEDICALLY NEEDY PROGRAM	SPEND DOWN TIME PERIOD (IN MONTHS)	ALLOWABLE RESOURCES($)			PROTECTED INCOME($)		
			ONE PERSON	TWO PERSON	FOUR PERSON	ONE PERSON	TWO PERSON	FOUR PERSON
ALABAMA	NO							
ALASKA	NO							
ARKANSAS	YES	3	1,700	2,550	2,750	108	217	300
CALIFORNIA	YES	1	1,700	2,550	2,850	509	634	934
COLORADO	NO							
CONNECTICUT***	YES	6	1,500	2,250	2,450	433	558	800
DELAWARE	NO							
DIST COLUMBIA	YES	6	2,500	2,600	2,800	**	**	**
FLORIDA	NO							
GEORGIA	YES	6	1,600	2,400	2,600	167	250	358
HAWAII	YES	1	1,500	2,250	2,750	300	400	550
IDAHO	NO							
ILLINOIS	YES	1	1,700	2,550	2,650	267	333	517
INDIANA	NO							
IOWA	YES	2	1,700	2,550	2,550	433	433	508
KANSAS	YES	6	1,700	2,550	2,550	341	442	460
KENTUCKY	YES	3	1,500	2,250	2,250	183	217	317
LOUISIANA	YES	3	1,700	2,550	2,600	100	192	317
MAINE	YES	6	1,700	2,550	2,650	341	391	658
MARYLAND	YES	6	2,500	2,600	2,800	300	342	384
MASSACHUSETTS	YES	6	2,000	3,000	3,200	451	483	509
MICHIGAN	YES	6	1,700	2,550	2,950	364	525	580
MINNESOTA	YES	6	3,000	6,000	6,400	347	434	616
MISSISSIPPI	NO							
MISSOURI	NO							
MONTANA	YES	3	1,700	2,550	2,750	338	383	426
NEBRASKA	YES	6*	1,600	2,400	2,450	375	375	525
NEVADA	NO							
NEW HAMPSHIRE	YES	6	2,500	4,000	4,200	350	441	475
NEW JERSEY	NO							
NEW MEXICO	NO							
NEW YORK	YES	6*	2,950	4,000	5,150	409	600	609
NORTH CAROLINA	YES	6	1,500	2,250	2,450	225	292	357
NORTH DAKOTA	YES	1	3,000	6,000	6,050	345	400	530
OHIO	NO							
OKLAHOMA	YES	6*	1,700	2,550	2,750	258	325	517
OREGON	YES	6	1,700	2,550	2,650	355	451	643
PENNSYLVANIA	YES	6	2,400	3,200	3,800	350	367	458
RHODE ISLAND	YES	6*	4,000	6,000	6,200	458	500	608
SOUTH CAROLINA	YES	1	1,700	2,550	2,750	**	**	**
SOUTH DAKOTA	NO							
TENNESSEE	YES	3	1,700	2,550	2,750	142	158	250
TEXAS	YES	6	1,000	1,000	1,000	100	211	301
UTAH	YES	1	1,700	2,550	2,600	289	401	585
VERMONT	YES	6	1,700	2,350	2,850	392	606	623
VIRGINIA	YES	6	1,700	2,550	2,750	600	900	1,100
WASHINGTON	YES	6*	1,700	2,550	2,650	**	**	**
WEST VIRGINIA	YES	6	1,700	2,550	2,650	200	225	275
WISCONSIN	YES	6	1,700	2,550	3,150	438	625	764
WYOMING	NO							
SIMPLE AVERAGE		4	1,924	2,978	3,188	321	410	527
TOTAL STATES	35							

* THERE ARE EXCEPTIONS TO THIS TIME LIMIT
** INDICATES DATA NOT AVAILABLE OR NOT REPORTED
*** CONNECTICUT'S PROTECTED INCOME LEVELS VARY AMONG THREE STATE REGIONS. THE HIGHEST LEVELS ARE SHOWN ABOVE.

BEST COPY AVAILABLE

TABLE 15

MEDICALLY NEEDY: ELIGIBILITY CRITERIA

STATE	PRESENCE OF MEDICALLY NEEDY PROGRAM	ADDITIONAL CLASSIFICATIONS OF INDIVIDUALS UNDER AGE 21	CARETAKER RELATIVES	AGED	[illegible]	DISABLED	INDIVIDUALS ELIGIBLE DUE TO ENROLLMENT IN AN HMO
ALABAMA	NO	—	NO	NO	NO	NO	NO
ALASKA	NO	—	NO	NO	NO	NO	NO
ARKANSAS	YES	21	YES	YES	YES	YES	NO
CALIFORNIA	YES	21	YES	YES	YES	YES	NO
COLORADO	NO	—	NO	NO	NO	NO	NO
CONNECTICUT	YES	21	YES	YES	YES	YES	YES
DELAWARE	NO	—	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	21	YES	YES	YES	YES	YES
FLORIDA	NO	—	NO	NO	NO	NO	NO
GEORGIA	YES	18	NO	NO	NO	NO	NO
HAWAII	YES	19	NO	YES	YES	YES	NO
IDAHO	NO	—	NO	NO	NO	NO	NO
ILLINOIS	YES	19	YES	YES	YES	YES	NO
INDIANA	NO	—	NO	NO	NO	NO	NO
IOWA	YES	21	NO	YES	YES	YES	NO
KANSAS	YES	21	YES	YES	YES	YES	NO
KENTUCKY	YES	18	YES	YES	YES	YES	NO
LOUISIANA	YES	18	YES	YES	YES	YES	NO
MAINE	YES	21	YES	YES	YES	YES	NO
MARYLAND	YES	21	YES	YES	YES	YES	NO
MASSACHUSETTS	YES	21	YES	YES	YES	YES	NO
MICHIGAN	YES	21	YES	NO	NO	NO	NO
MINNESOTA	YES	21	YES	YES	YES	YES	YES
MISSISSIPPI	NO	—	NO	NO	NO	NO	NO
MISSOURI	NO	—	NO	NO	NO	NO	NO
MONTANA	YES	21	YES	YES	YES	YES	NO
NEBRASKA	YES	21	YES	YES	YES	YES	NO
NEVADA	NO	—	NO	NO	NO	NO	NO
NEW HAMPSHIRE	YES	19	YES	YES	YES	YES	NO
NEW JERSEY	NO	—	NO	NO	NO	NO	NO
NEW MEXICO	NO	—	NO	NO	NO	NO	NO
NEW YORK	YES	21	YES	YES	YES	YES	YES
NORTH CAROLINA	YES	19	YES	YES	YES	YES	NO
NORTH DAKOTA	YES	21	YES	YES	YES	YES	NO
OHIO	NO	—	NO	NO	NO	NO	NO
OKLAHOMA	YES	21	YES	YES	YES	YES	NO
OREGON	YES	—	NO	NO	NO	NO	NO
PENNSYLVANIA	YES	21	YES	YES	YES	YES	NO
RHODE ISLAND	YES	19	YES	YES	YES	YES	NO
SOUTH CAROLINA	YES	18	NO	NO	NO	NO	NO
SOUTH DAKOTA	NO	—	NO	NO	NO	NO	NO
TENNESSEE	YES	21	NO	NO	NO	NO	NO
TEXAS	YES	18	YES	NO	NO	NO	NO
UTAH	YES	18	YES	YES	YES	YES	NO
VERMONT	YES	21	YES	YES	YES	YES	NO
VIRGINIA	YES	21*	NO	YES	YES	YES	NO
WASHINGTON	YES	21	YES	YES	YES	YES	NO
WEST VIRGINIA	YES	18	YES	YES	YES	YES	NO
WISCONSIN	YES	21*	NO	YES	YES	YES	NO
WYOMING	NO	—	NO	NO	NO	NO	NO
TOTAL STATES	35	34	27	29	29	29	4

* 21 FOR SOME CLASSIFICATIONS, 18 OR 19 FOR OTHERS

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Chapter 3. Service coverage and limitations

Federal regulations pertaining to Medicaid mandate that certain basic services be offered to all categorically needy persons. These services include physician services, inpatient hospital services, outpatient hospital services, rural health clinic services, other laboratory and X-ray services, skilled nursing facility services for individuals 21 years of age and older, early and periodic screening, diagnosis and treatment (EPSDT), family planning services and supplies, home health services, and nurse-midwife services. States can also provide any number of certain additional services specified in the Federal regulations.

Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose. The State plan must provide that the services obtainable by any individual in the categorically needy group are equal in amount, duration, and scope. The State plan must also provide that the services available to any categorically needy recipient under the plan are not less in amount, duration, and scope than those services available to a medically needy recipient. Certain limitations are specified in some cases. For example, SNF services in an institution for mental diseases are limited to persons 65 years of age or older. States receive Federal Financial Participation (FFP) for the basic services as well as the services covered at State option.

Limitations on mandatory services

Tables 16-31 display limitations on mandatory services for the categorically needy by service. A unique scheme for classifying groups of limitations has been developed for this study for each type of service and is based upon limitations as delineated in State Plans. This presents two complications which the reader should note: (1) There are differences within categories. For example, "limited number of visits/year" varies by setting, by type of illness, whether the limit is included in a larger category encompassing all physician visits, and per recipient or per recipient by hospital basis. Whenever possible the detailed information will be presented in the discussion or footnoted to overcome this complication. (2) Certain categories for one service will overlap or be the same as categories for another service. For example, "limits on sterilization services" is a category for three mandatory services: inpatient hospital services, outpatient hospital services, and family planning services.

Some limitations on services specified by States were strictly those mandated by Federal regulations. For purposes of this discussion, we have tried to note only those limitations which are over and above those imposed by Federal regulations. Therefore, the category "Limits" means that a State imposed restrictions in addition to those required by Federal law for a particular service.

Inpatient hospital services

Inpatient hospital services refer to services that are ordinarily furnished in a hospital for the care and treatment of an inpatient. The facility is one maintained primarily for the care and treatment of patients with disorders other than tuberculosis or mental diseases.

There are several general Federal limitations on inpatient hospital services which are applicable to all States with Medicaid programs (42 CFR 440.10):

- The facility must be licensed or formally approved as a hospital by an officially designated authority for State standard-setting;
- The facility must meet the requirements for participation in Medicaid;
- The care and treatment of inpatients must be under the direction of a physician or dentist; and
- The facility must have in effect an approved utilization review plan, applicable to all Medicaid patients, unless a waiver has been granted by the Secretary of Health and Human Services.

In addition to the Federal limitations, each State may impose further limitations on inpatient hospital services. As of March 1986, four States (Maine, Massachusetts, North Dakota and South Dakota) had chosen to impose no further limitations on inpatient hospital services. Forty-six States chose to impose restrictions relating to one or more of the 11 limitation categories displayed on Table 16.

Eleven States placed a limit on the number of days a recipient is covered for inpatient hospital services. The majority of these States limit the number of reimbursable days per year. However, two States impose a day limit based on other criteria. Kentucky bases their day limit on a per admission basis and Texas limits days per spell of illness. Louisiana and Michigan do not limit inpatient days per year but they do require prior authorization for stays beyond 15 and 18 days, respectively. Since this restriction does not fit the "limits on number of days per year" category, nothing is marked for Louisiana or Michigan in this column.

Arkansas and Virginia are limited to number of days established at the 75th percentile of the Professional Activities Study (PAS) average length of stay by diagnosis provided the days are certified as medically necesssary by the Professional Standards Review Organization (PSRO). Colorado can only stay up to PSRC certified days. Maryland days are limited to established number of days per Diagnosis-Related Groupings.

Nineteen States require prior authorization for certain specific procedures while Alaska, Michigan, New York, Ohio and Washington require prior authorization on all elective procedures.

Limits on pre-operative days and/or weekend admissions are imposed by nine States. Kansas does not cover elective surgery except for EPSDT recipients. However, seventeen States do not cover specific procedures and ten States do not cover procedures that

could be provided on an outpatient basis. Some optional hospital services such as television, telephone, and private rooms are not covered by four States. Six States place limits on dental procedures and four States place limits on sterilization.

Thirty-seven States place other limits on inpatient hospital services. Examples of other limits imposed by States include:

- Alaska requires prior authorization for non-emergency and out-of-State hospitalizations;
- Kentucky requires laboratory tests to be done on a preadmission basis where feasible;
- Missouri, New Jersey, and New York require a second opinion for certain elective procedures;
- Georgia limits coverage for diagnostic ultrasound in obstetrical care to those patients identified as "high risk." Specifically, this group includes pregnant females under age 17 or over age 35, with a diagnosis indicating a medical complication of pregnancy;.
- Delaware does not cover procedures considered experimental by Medicare.

This category includes States that might have only one other limit as well as States that have several other limits.

Caution should be exercised when interpreting these data on limitations on inpatient hospital services. It is possible that a State imposing one type of limitation is more stringent than a State imposing several types of limitations. It is also possible that two States with exactly the same limitation(s) will vary greatly in implementation procedures. Further, absolute numbers of States or numbers of limitations do not reflect the magnitude of the impact of the limitations without examination of other Medicaid program characteristics, statistics, and exogenous or external variables.

Outpatient hospital services

Outpatient hospital services refer to preventive, diagnostic, therapeutic, rehabilitative, or palliative services provided to an outpatient. There are three Federal limitations that are imposed on these services:

- The services must be provided under the direction of a physician or dentist;
- The facility must be licensed or formally approved as a hospital by an officially designated authority for State standard-setting; and
- The facility must meet the requirements for participation in Medicare.

States are free to specify other limits on outpatient hospital services and 42 States have chosen to do so. Table 17 displays limitations on outpatient hospital services.

Eleven States limit the number of visits per year allowable for Medicaid reimbursement. Alabama, Arkansas, New Hampshire, and Tennessee simply limit the number of outpatient hospital visits per year; Missouri limits outpatient visits per month; and the remaining States have more detailed limitations. Idaho limits emergency room visits to six per year. Mississippi limits emergency room visits to six per year and physician visits to 12 per year. South Carolina includes in its limit of 18 visits not only outpatient visits but also rural health clinics, physician visits, and emergency hospital visits. North Carolina counts visits to clinics, physicians, outpatient hospitals, chiropractors, podiatrists, and optometrists in their limit of 24 visits per year. While Pennsylvania did not specify a limit on visits per year, visits for prenatal care are limited to a total of 12 and one visit is allowed to establish a diagnosis of tuberculosis. Hawaii limits outpatient psychiatric services (one hour individual or two hour group) to 48 a year.

Some procedures and/or special services are not covered by 14 States. Examples of such procedures are routine physical examinations, experimental procedures, and psychiatric day hospitals.

Prior authorization is required for certain sevices and/or procedures in 14 States. The services/procedures for which prior authorization is required are generally ancillary rather than primary care services. Five States (Connecticut, Hawaii, Maryland, Michigan, and North Carolina) have limits on psychiatric services, while only Georgia, Iowa, Rhode Island, and Utah place limits on sterilization services.

Thirty-four States place other limits on outpatient hospital services. Examples of other limits include: (1) emergency room services are not provided in Vermont except for trauma; and (2) outpatient services are limited to a maximum of $500 per fiscal year in Florida.

Rural health clinic services

Rural health clinic (RHC) services became a mandatory service for the categorically needy in July 1978. Not all States provide RHC services because State law may prohibit nurse practitioners or physician assistants from furnishing primary health care. Each RHC is required to have a nurse practitioner (NP) or physician assistants (PA) on its staff. Therefore, a clinic can only be certified if the State permits the delivery of primary care by a Nurse Practitioner (NP) or Physicians' Assistant (PA). Services in certified clinics must be provided and furnished by a physician or by a PA, NP, nurse-midwife, or other specialized nurse practitioner. Services and supplies are furnished as an incident to professional services. Part-time or intermittent visiting nurse care and related medical supplies are provided if the clinic is located in a Health Manpower Shortage Area. The services are furnished by nurses employed by the clinic, and the services are furnished under a written plan of treatment to a homebound recipient.

Twenty-five States have placed no limits on RHC services (Table 18). Seven States require prior authorization for certain services/procedures such as medical equipment and ambulatory services at other settings. Eight States place limits on number of visits per year. In general, these RHC visits are included in

the total number of physician visits allowed per year. Eight States also place limits on specific services and eleven States place other limits on RHC services. Four States (California, Florida, Kentucky, and Vermont) limit or do not cover services provided by non-physicians.

Other laboratory and x-ray services

Other laboratory and x-ray services are professional and technical laboratory and radiological services. As specified in 42 CFR 440.30 (a-c), Federal requirements for Medicaid mandate that these services be:

- Ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law or ordered and billed by a physician but provided by an independent laboratory;
- Provided in an office or similar facility other than a hospital outpatient department or clinic; and
- Provided by a laboratory that meets the requirements for participation in Medicare.

In addition, the States can place limitations on "other laboratory and x-ray services." However, 27 States have chosen to place no limitations on these services (Table 19).

Three States (Hawaii, Rhode Island, and Utah) require prior authorization, three States (Alaska, Florida, and Texas) limit services to those ordered by a physician, and six States limit or require prior approval on some procedures.

Other limits are imposed by seventeen States. Other limits include services allowed only within 24 hours of acute injury and such services must be directly related to that injury. Reimbursement for services will not be made to a private laboratory if services could be obtained from the Department of Health Laboratory.

Skilled nursing facility services

Skilled nursing facility (SNF) services are provided to individuals age 21 or older and do not include services in institutions for tuberculosis or mental diseases (42 CFR 440.40(a)). These services must be needed on a daily basis and provided in an inpatient facility. Federal regulations require that the services be:

- Provided by a facility or distinct part of a facility that is certified to meet the requirements for participation. These requirements include provider agreements, facility certification, and facility standards; and
- Ordered by and under the direction of a physician.

These services include services provided by any facility located on an Indian reservation and certified by the Secretary of Health and Human Services. Further, the requirements concerning control of the utilization of Medicaid services impact upon skilled nursing facility services on such areas as certification and recertification of need for inpatient care, individuals written plan of care, etc.

Limitations on skilled nursing facility services are displayed in Table 20. Caution should be taken in interpreting the data in "prior authorization required" and "periodic reauthorization." There are two problems: (1) There is no consistent usage of the terms certification and authorization across States; and (2) Some States have apparently included in limitations certain Federal regulations. They appear to use certification and authorization interchangeably while other States differentiate between the terms. Generally, certification means determination of medical need by a medical practitioner(s) and authorization means approval for payment by an administrative body (possibly with a medical practitioner member). Only those States using the terms authorization and reauthorization are noted in the table. Further, the Federal regulations for utilization control include intermediate care facility certification and periodic recertification of need for inpatient care. Thus, the statement that a State requires certification and periodic recertification is merely a reiteration of a Federal requirement and not a State limitation and therefore not noted in the table.

Fourteen States impose no limits on SNF services. Twenty-two States require prior authorization for payment with 7 of the 22 requiring periodic reauthorization. Twenty States impose other limits on SNF services. These other limits include restrictions on private rooms, SNF services outside the State, specific services, bed reservations when on leave or in another facility, administrative days, etc.

Early and periodic screening, diagnosis and treatment

Early and periodic screening, diagnosis and treatment (EPSDT) refers to screening and diagnostic services to determine physical or mental defects in recipients under age 21 and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered (42 CFR 440.40(b)). There are certain basic screening and treatment services that each State must provide as a minimum (42 CFR 441.56). These services include:

- Health and development history screening;
- Unclothed physical examination;
- Developmental assessment;
- Immunizations which are appropriate for age and health history;
- Assessment of nutritional status;
- Vision testing;
- Hearing testing;
- Laboratory procedures appropriate for age and population groups;
- Dental services furnished by direct referral to a dentist for diagnosis and treatment for children three years of age and over;
- Treatment for defects for vision and hearing, including eyeglasses and hearing aids; and
- Dental care needed for relief of pain and infections, restoration of teeth and maintenance of dental health.

In addition, each State is required to submit a periodicity schedule. These schedules vary from State to State, however, the schedule prepared by the American Academy of Pediatrics is recommended as a guide.

The State Medicaid Agency may provide for any other medical or remedial care specified as a Medicaid service even if the agency does not otherwise provide for these services to other recipients or provides for them in a lesser amount, duration, or scope.

Table 21 displays a summary of limitations on EPSDT services. Twelve States have no limits on EPSDT services. Twenty-six States limit their services to the coverage and scope as required by Federal regulations. Twelve States offer EPSDT services in excess of Federal requirements.

Family planning services

Family planning services and supplies are allowable for individuals of childbearing age as a means of enabling individuals to freely determine the number and spacing of their children. Although there are no Federal regulations defining what family planning services a State can provide, provisional regulations are written which define family planning services to be: consultation (including counseling and patient education), examination, and treatment (furnished by or under the supervision of a physician or prescribed by a physician); laboratory examination; medically approved methods, procedures, pharmaceutical supplies and devices to prevent conception; naturalfamily planning methods; diagnosis and treatment for infertility; and voluntary sterilization. In addition, States may provide any medically approved means, other than abortion, for family planning purposes, if furnished by or under supervision of a physician or if prescribed by a physician. Abortions are specifically excluded from family planning services and States are prohibited from considering any abortion as being a family planning service.

Table 22 shows that family planning services are provided without limitations by 24 States. It should be noted that in all States, family planning services are subject to limitations of each service category under which it falls; i.e., family planning services rendered by a physician are also subject to the same State agency program limitations imposed on physicians' services.

Voluntary sterilizations must be included among the range of family planning services offered by a State. Federal regulations require that the individual to be sterilized voluntarily gives informed written consent and that the individual must be at least 21 years of age at the time consent is obtained and must be mentally competent. In most cases, guidelines further require that at least 30 days but not more than 180 days have passed between the date of informed consent and the date of sterilizaton. In addition, eight States impose further limits specifically on sterilization services.

Other limits are imposed by twenty-three States. Other limits include restrictions on specific provider settings, limits on drugs determined by FDA to be ineffective, and most commonly, restrictions on the number of visits/services per year.

Physician services

Physician services are covered whether provided in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere. Physician services must be within the scope of practice of medicine or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy.

Limitations on physician services are found in Tables 23-26. Five States (Colorado, Maine, New York, North Dakota, and West Virginia) place no limits on physicians' services as shown on Table 23. Twenty-three States do not cover specific services such as transplants, autopsies, cosmetic surgery, experimental procedures, and routine physicals. Limits are placed on injections in five States (Iowa, Maryland, Nebraska, North Carolina, and Wyoming). The injections restricted vary from desensitization injections to flu injections in ICFs to limits on therapeutic injections. Six States place limits on sterilization services, while forty-four States place other limits on physicians' services. Examples of other limits include coverage excluded for patient-physician telephone contacts, "locked-in" recipients must receive services from one provider except in the case of an emergency, and limits on allergy testing and treatment.

Table 24 displays limits on frequency of visits for specific settings, including inpatient hospital, long-term care facility, office, home, emergency room, and any setting other than inpatient hospital. The inpatient hospital limits are per inpatient day while visits in other settings are per year. Eleven States limit physician visits in inpatient hospitals per recipient. In general, those limits are one or two physician visits per day for allowable days for which the hospital is paid. If a State additionally has a limit on reimbursable inpatient days, this would affect the total number of physician visits allowed per recipient. Such phrases as "prior authorization is required beyond this limit" or "except in emergencies" are frequently attached to the limits. Rhode Island limits physician visits to inpatient hospital patients by provider rather than recipient. A physician in Rhode Island will be reimbursed for a maximum of 37 inpatient visits to Medicaid patients per day.

Limits on frequency of physician visits to long-term care facility recipients have been imposed by 12 States. These limits on visits range from two per year per recipient to 36 per year per recipient. Limits are also placed on number of visits allowed in office settings by five States (Arkansas, Kansas, Nevada, Oklahoma, and Tennessee), in homes by three States (Arkansas, Ohio and Oklahoma), in the emergency room by Missouri and in a combination of any settings other than inpatient hospital by six States.

States also place limits on the number of times a particular service can be provided. A display of these

limits is found in Table 25. The specific procedures limited include psychiatric, consultation with specialist, family planning, comprehensive physical examination hyposensitization, and eye examinations. Eight States limit the frequency of psychiatric visits. Michigan and Pennsylvania limit the number of consultations per recipient per year, Georgia limits family planning visits, no States limit comprehensive physical examinations, California limits hyposensitization visits to 24 per year, and three States (Alabama, North Carolina, and Pennsylvania) limit eye examinations.

Table 26 displays types of physician services which require prior authorization. Twenty-two States require prior authorization for specific procedures such as hemodialysis, sterilization, obesity surgery, cosmetic surgery, and surgical transplants. Eleven States require prior authorization for all elective procedures.

States also require authorization according to the setting of the service. Four States (California, Florida, Georgia, and Utah) name specific settings (e.g., office visits, inpatient hospital) and four other States (Alabama, Idaho, Missouri, and Oregon) require prior authorization for care outside of the State. Limits and/or prior authorization for psychiatric services are imposed by five States (California, District of Columbia, Nebraska, New Jersey, and Virginia). Examples of limits/prior authorization include specific dollar limits on psychiatric services and prior authorization beyond initial evaluations.

Home health services

Home health services are provided to a recipient at his place of residence which does not include a hospital, skilled nursing facility, or intermediate care facility (ICF) except for home health services in an ICF that are not required to be provided by the facility. Services provided must be on physician's orders as part of a written plan of care that is reviewed by the physician every 60 days. Home health services include three mandatory services (part-time nursing, home health aide, and medical supplies and equipment) and one optional service (physical therapy, occupational therapy, and speech pathology and audiology services) (42 CFR 440.70). These services are defined as follows:

- Part-time Nursing—Nursing service that is provided on a part-time or intermittent basis by a home health agency. If there is no home health agency in the area, services may be provided by a registered nurse who is currently licensed to practice in the State, receives written orders from the patient's physician, documents the care and services provided, and has had orientation to acceptable clinical and administrative record-keeping from a health department nurse;
- Home Health Aide—Home health aide service that is provided by a home health agency;
- Medical supplies and Equipment—Medical supplies, equipment and appliances that are suitable for use in the home; and
- Physical Therapy (PT), Occupational Therapy (OT), and Speech Pathology and Audiology Services.

Home health services are provided to categorically needy recipients age 21 and over and to those under 21 only if the State plan provides SNF services for them. Limitations for Home Health Services are displayed on Tables 27-30.

Table 27, which displays limitations on part-time nursing services, shows that 15 States place no limits on such services. It does show, however, that fifteen States require prior authorization for nursing services. Of this group, New York alone expends approximately 61.4 percent of total Medicaid expenditures for home health services. Fourteen States have limits on visits and 20 States have other limits.

Home health aide services are provided without limitations by 15 States (Table 28). Sixteen States require prior authorization for home health aide services. Sixteen States also have limitations on number of visits and/or hours; homemaker services are not provided by three States (Kentucky, South Carolina, and Washington) and other limits are placed by sixteen States.

Limitations on medical supplies and equipment are found in Table 29. Only six States have no limits on medical supplies and equipment, while prior authorization is required by 27 States. Additionally, nine States place limits on quantity/dollar, and seven States have restricted supply lists. Twenty-four States place other limits on medical supplies and equipment. Other limits include limits on luxury models of equipment, services provided by out-of-state agencies, delivery of equipment, and home oxygen supplies.

The fourth category of home health services (Table 30), physical therapy (PT), occupational therapy (OT), and speech and hearing services, is actually an optional service and only six States do not provide the service. Eleven States place no limits on these services, while sixteen States require prior authorization for PT, OT, and Speech and Hearing services. Seven States place limits on visits and 15 States place limits on services. Sixteen States place other limits on PT, OT, and speech and hearing services, such as intermittent or part-time services only, services for homebound patients only, and services provided by certified practitioners only.

Nurse-midwife services

The Omnibus Reconciliation Act of 1980 mandates that payment must be made for nurse-midwife services to categorically needy recipients (42 CFR 440.165). The effective date of this legislation was July 16, 1982, or, if State legislation was needed in order to conform, the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that began after May 17, 1982.

These provisions require States to provide coverage for nurse-midwife services to the extent that the nurse-midwife is authorized to practice under State law or regulation. The statute also requires that States offer direct reimbursement to nurse-midwives as one of the

payment options. Nurse-midwives must be registered nurses who are either certified by an organization recognized by the Secretary or have completed a program of study and clinical experience that has been approved by the Secretary. Nurse-midwife services are those concerned with management of the care of mothers and newborns throughout the maternity cycle.

Table 31 shows that as of March 1986, nine States did not provide nurse-midwife services. This table also shows that 21 States provided the services with no limits. Limits included the requirements of supervision by a physician, provision only when the nurse- midwife is employed by a hospital or physician, and limitation to certified facilities.

Limitations on optional services

Tables 32-42 display limitations on optional services for the categorically needy by service. The general descriptive information and caveats pertaining to the tables on mandatory services are also applicable to these tables.

ICF and ICF-MR services

Intermediate care facility (ICF) services, other than in an institution for tuberculosis or mental diseases, refers to services provided in a facility that fully meets the requirements for a State license to provide, on a regular basis, health related services to individuals who do not require hospital or SNF care but whose mental or physical condition requires services that are above the level of room and board and can be made available only through institutional facilities. The facility must meet all the requirements to be certified for Medicaid (42 CFR 440.150(a-b).

Limitations on intermediate care facilities (ICFs) other than in institutions for tuberculosis or mental diseases, are displayed on the left hand side of Table 32. This optional service is provided by all 50 States. Eighteen States place no limits on ICF services. Twenty-two States require prior authorization for ICF services, while six of them further require that periodic reauthorization be made. Other limits are placed on ICF services by 14 States. Examples of other limits include limits on specific services (e.g., OT, PT, speech), on bed reservations for hospitalized recipients, on administrative days, and on services by out-of-State long-term care facilities.

The right-hand side of Table 32 displays limitations on intermediate care facilities for the mentally retarded. ICF services may include services provided in an institution for the mentally retarded or persons with related conditions if (42 CFR 440.150(c-e)):

- The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions;
- The institution meets the requirements that an ICF must meet to obtain certification from the State; and
- The mentally retarded recipient for whom payment is requested is receiving active treatment as defined in 42 CFR 435.1009.

This optional service is provided by 49 jurisdictions with Wyoming the only State not providing ICF-MR services.

Twenty-two States place no limits on ICF-MR services. Nineteen States require prior authorization and five of these 19 States require periodic reauthorization. Ten States place other limits on ICF-MR services. These other limits include such items as limiting services to in-state facilities, specifying the professional staff that will determine the certification of need and level of placement and the time period within which level of care must be determined.

Services for individuals age 65 or over in tuberculosis institutions

A State may choose to provide any of three levels of care for inpatient services to individuals age 65 or older in institutions for tuberculosis (42 CFR 440.140). Those levels of care are inpatient hospital, skilled nursing facilities, and intermediate care facilities. Inpatient hospital services for individuals age 65 or older in institutions for tuberculosis (TB) refers to services provided under the direction of a physician for the care and treatment of recipients in an institution for tuberculosis that meets the requirements under Medicare. The institution is primarily engaged in providing diagnosis, treatment, or care of individuals with tuberculosis, including medical attention, nursing care, and related services. Table 33 shows that 17 States provide inpatient hospital services for individuals age 65 and older in TB institutions. Eleven States provide the service with no limitations, three States (Alabama, California, and South Carolina) require prior authorization, and five States (Alabama, California, District of Columbia, New Jersey, and South Dakota) have other limits. Other limits include services limited to those provided in State institutions and the certification of such services as medically necessary by the attending physician in the TB institution.

Skilled nursing facility services for individuals age 65 or older in institutions for tuberculosis refers to SNF services, as defined for other Medicaid recipients, that are provided in institutions for tuberculosis. Seven States provide SNF services to individuals age 65 and older in TB institutions. Five of these States provide SNF services with no limitations, California requires prior authorization, and California and South Dakota have other limits.

Intermediate care facility services for individuals age 65 or older in institutions for tuberculosis refers to ICF services, as defined for Medicaid recipients, that are provided to recipients who are determined to be in need of services in institutions for tuberculosis. Eight States provide ICF services for individuals age 65 or older in institutions for tuberculosis. Six States provide ICF

services with no limitations, California requires prior authorization for ICF services, and California and South Dakota have other limits.

Services for individuals 65 or over in mental institutions

A State may choose to provide services of any of three levels of care for individuals age 65 or older in institutions for mental diseases (42 CFR 440.140). These services include inpatient hospital services, SNF services, and ICF services. An institution for mental disease is defined to be one that meets the requirement under Medicare except the requirements for admission reviews and utilization review (UR) if the institution has been granted a waiver of UR plan requirements. Services provided are diagnosis, treatment, and care of individuals with mental diseases including medical care, nursing care, and related services. Limitations on these services are displayed on Table 34.

Inpatient hospital services for individuals age 65 or older in institutions for mental diseases refer to services provided under the direction of a physician for the care and treatment of recipients in an institution for mental diseases. Forty-one States provide inpatient hospital services for individuals age 65 or older in institutions for mental diseases. Twenty-three States provide inpatient hospital services with no limitations while six States require prior authorization and 14 States place other limits on inpatient hospital services for individuals age 65 or older in institutions for mental diseases. The other limits include limits on days in approved private institutions, those services provided in State institutions, and services limited to those recipients who are not eligible for and/or have exhausted their Title XVIII benefits.

Skilled nursing facility services for individuals age 65 or older in institutions for mental diseases refers to SNF services that are provided in institutions for mental diseases. SNF services are provided in 23 States. Ten States provide SNF services for the aged with limits. Seven States require prior authorizaton and six States place other limits on SNF services. Other limits include those limited to in-state facilities, prior authorization for specific services, and institutional service provided is subject to limitations specified for that service.

Intermediate care facility services for individuals age 65 and older in institutions for mental diseases refer to ICF services that are provided to recipients who are determined to be in need of this service and are in institutions for mental diseases. Twenty-seven States provide ICF services for this population. Thirteen States provide ICF services with no limitations, while nine States require prior authorization and eight States have other limits. Other limits include those limited to in-state facilities, requiring a facility to be located near a community mental health center and be affiliated with its resources, and prior authorization required for nonroutine therapy.

Services for individuals age 21 and under

States may elect to provide two types of services for individuals age 21 and under: skilled nursing facility services and inpatient psychiatric services. "Skilled nursing facility services for individuals under age 21" (42 CFR 440.170 (d)) are defined to be those services as specified previously that are provided to recipients under 21 years of age. Table 35 shows that SNF services for this population are provided by 47 States, while nineteen States provide SNF services to recipients under 21 years of age with no limits imposed. Prior authorization is required by 23 States, while other limits are imposed by 13 States.

Inpatient psychiatric services for individuals under age 21 refer to services that are provided under the direction of a physician and are provided in an accredited facility or program (42 CFR 440.160). Federal regulations further specify certification of need, active treatment, and individual plans of care. Thirty-five States provide inpatient psychiatric services to individuals under age 21 (Table 35). Twenty-three States provide inpatient psychiatric services with no limitations. Three States (California, Indiana, and Maryland) require prior authorization and eleven States have other limits on inpatient psychiatric services. Other limits include those restricted to inpatient facilities, services provided only after recertification that available local community resources for ambulatory care do not meet individual treatment needs, and the requirement that occupational/recreational therapy must be ordered in writing by a physician.

Prescribed Drugs

Prescribed drugs are simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are prescribed by a physician or other licensed practitioner of the healing arts within the scope of their professional practice as defined and limited by Federal and State law (42 CFR 440.120). The drugs must be dispensed by licensed authorized practitioners on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records. (Drugs provided to institutionalized Medicaid recipients are not included in the following discussion because they are provided as part of the range of services provided by the particular type of institutions rather than as a separate service).

Table 36 displays limitations on prescribed drugs. Two States, Alaska and Wyoming, do not provide prescribed drugs as a separate service to Medicaid recipients. States place limits on prescription quantities in three different ways: number of prescriptions that can be filled in a certain time period, number of prescriptions that can be refilled in a certain time

period, and quantity of each prescription. Twelve States place limits on the number or cost of prescriptions that can be filled in a certain time period. The range is from three to seven prescriptions that can be filled per month. Twenty-eight States limit the number of refills per prescription allowable in a certain time period. The majority of States with this limitation allow five refills every six months.

States further limit prescribed drugs by restricting the quantity of medication for a single prescription. Thirty-one States impose this limitation. Generally this limit is stated in number of days' or months' supply and ranges from a 30-day supply to a 6-month supply. Thirty-seven States choose to cover few or no over-the-counter drugs. Twenty-three States have restrictive formulary status; sixteen States require prior authorization on certain drugs; and thirty-one States place other limits. Some of the other limits imposed on prescribed drug services are that brand name drug services must be documented as medically necessary, refills must be filled by same pharmacy as original prescription, and flu and pneumococcal vaccines are covered only for persons age 65 and over.

Other optional services and equipment

Clinic services are preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services provided to an outpatient by or under the direction of a physician or dentist, or by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients (42 CFR 440.90). As presented in Table 37, four States (Alabama, Maine, Rhode Island, and Texas) do not provide clinic services, while nine States provide clinic services with no limits. Fourteen States require prior authorization for clinic services and 35 States have other limits. These other limits include limitations on Community Mental Health Center visits and limits on specific services and by specific practitioners.

Emergency hospital services (Table 37) is an optional service provided in forty-two States. Emergency hospital services refer to services that are necessary to prevent death or serious impairment of the health of a recipient and, because of the threat to life or health, necessitates the use of the most accessible hospital available that is equipped to furnish the services (42 CFR 440.170(e)). The services will be provided at such a hospital even if it does not meet the conditions for participation under Medicaid or the definition of inpatient or outpatient hospital services. Twenty-one States provide emergency hospital services with no limitations. Four States (California, Louisiana, New Hampshire, and Pennsylvania) require prior authorization and 20 States place other limits on services. Generally, these other limits are those that a State normally imposes on inpatient and outpatient hospital services.

Transportation services (Table 37) include expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatment for a recipient (42 CFR 440.170(a)). Transportation is furnished only by a provider to whom a direct vendor payment can be made by the agency. If other arrangements are made to assure transportation, FFP is available as an administrative cost. Travel expenses include the cost of transportation, the cost of meals and lodging en route and while receiving medical care, and the cost of an attendant to accompany the recipient, his meals, lodging, and transportation.

Transportation is provided by 49 States with only the District of Columbia not providing transportation services. Connecticut, North Dakota and Wyoming provide transportation without limitations. Twenty-nine States require prior authorization for transportation services, while 30 states place other limits on transportation. Such other limits include medical necessity required for out of State travel, transportation to physician's office not provided, and limit on number of trips per year.

Personal care services in a recipient's home refer to services prescribed by a physician in accordance with the recipient's plan of treatment and provided by an individual who is qualified to provide the services, supervised by a registered nurse, and not a member of the recipient's family (42 CFR 440.170(f)). States which are granted a waiver under Section 2176 for home and community based services (that an individual needs to avoid institutionalization) are given the latitude to define personal care services differently. As of April 1, 1986, 29 States had been approved to provide personal care services under a home and community-based waiver.

As shown in Table 38, personal care services are provided by 23 States. Three States (District of Columbia, Maine, and Michigan) provide personal care services with no limitations, while nine States require prior authorization. Seventeen States place other limits on personal care services which include such limitations as a cap per recipient on personal care service expenditures , a limitation to individuals certified as otherwise requiring an institutional level of care, and a limit on the number of hours of service per time period.

Private duty nursing services refer to nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or SNF (42 CFR 440.80). These services must be provided by a registered nurse or a licensed practical nurse under the direction of the recipient's physician. The services must be provided in the recipient's home, in a hospital, or in a SNF.

Private duty nursing services (Table 38) are provided in 19 States. Three States (District of Columbia, Maine, and North Dakota) place no limits on private duty nursing. Prior authorization is required by 12 States, while other limits are imposed by 11 States. Other limits include limits on services provided in specific settings; e.g., only inpatient hospitals, and services limited to a specified number of days.

Christian Science sanitoria services (Table 38) refer to services that are provided in Christian Science sanitoria

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that are operated by, or listed and certified by, the First Church of Christ, Scientist, Boston, Massachusetts (42 CFR 440.170(c)). These services are provided by 18 States, while nine States place limitations on Christian Science sanitoria services. California requires prior authorization for this service and nine States place other limits on Christian Science sanitoria services. Examples of other limits are limits on number of days, limits on type of facility (e.g., ICFs only), and limits on types of services provided (e.g., treatment with prayer or spiritual means alone not provided).

Christian Science nursing services (Table 38) refer to services provided by nurses who are listed and certified by the First Church of Christ, Scientist, Boston, Massachusetts (42 CFR 440.170(b)). The services must be requested by the visiting nurse organization. These nursing services are provided by five States, while four States (Indiana, Maine, Massachusetts, and New Hampshire) provide Christian Science nursing services with no limits imposed. Wisconsin places the limitation that nursing services rendered in connection with treatment by prayer or spiritual means alone are not provided.

Optometrists are included in the 42 CFR 440.60 category of "medical or other remedial care provided by licensed practitioners." They are licensed practitioners and provide medical, remedial care, or services other than physicians' services, within the scope of practice as defined under the State law. Table 39 shows that optometrists' services are provided in all States except South Dakota and Tennessee. Five of these States place no limitations on optometrist services while 25 States require prior authorization. Thirty-eight States have other limits placed on optometrist services. Examples of these other limits include specific services (e.g., orthoptics) not provided, services provided only following surgery, and number of eye examinations limited for a given time period.

Limitations on eyeglasses services are also found in Table 39. Eyeglasses, according to 42 CFR 440.120(d), refer to lenses, including frames, and other aids to vision prescribed by an optometrist or ophthalmologist. Eyeglasses are not provided in the States of Delaware, Idaho, South Dakota, and Wyoming. No State provides eyeglasses without limitations. Twenty-seven States require prior authorization. Thirty-eight States place other limits on eyeglasses. These other limits include the number of pairs of eyeglasses allowed per time period, restrictions on the quality/price of lenses and frames and specific diopter criteria.

Dental services are an optional service displayed in Table 39 (continued). Dental services (42 CFR 440.100) refer to diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist. The services include treatment of:

- The teeth and associated structure of the oral cavity; and
- Disease, injury, or impairment that may affect the oral or general health of the recipient.

A dentist is defined to be an individual licensed to practice dentistry or oral surgery.

Alabama, Delaware, Idaho, Texas, and Wyoming do not provide dental services, except to EPSDT recipients, who are provided dental services as a result of conditions noted during screening. The remaining 45 States place limits on dental services; 30 States require prior authorization and 42 States place other limits on dental services. Examples of other limits include limited emergency treatment, specific procedures not covered, and limits on number of exams, procedures, etc., within a specific time period.

Dentures are an optional service provided by some States. Dentures are defined to be artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth (42 CFR 440.120). Dentures are provided by 38 States, while only North Dakota places no limits on denture services. Twenty-nine States require prior authorization on dentures. Other limits are placed by 25 States and include time restrictions on provisions and replacement of dentures, and specific types of dentures not covered.

Limitations on podiatrists' services are found in Table 40. Podiatrists' services are one of the services included under 42 CFR 440.60, "medical or other remedial care provided by licensed practitioners." These services include any medical or remedial care provided by a licensed podiatrist within the scope of practice as defined under State law. Forty-one States provide podiatrists' services. Examples of other practitioners include chiropractors, professional nurses, podiatrists, psychologists, optometrists and Christian Science practitioners and naturopaths.

Four States (Montana, North Dakota, Texas, and West Virginia) offer podiatrists' services without limitations. Fifteen States require prior authorization for podiatrists' services, while thirty-two States place other limits on podiatrists services which range from limitations on type of treatment modality provided to limits on number of visits in a given time period.

Limitations on chiropractors' services are also found on Table 40 and are included under 42 CFR 440.60 "medical or other remedial care provided by licensed practitioners." Chiropractors' services are defined to include only services that consist of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform. In addition to being licensed by the State, the chiropractor must also meet the standards issued by the Secretary of HHS. These standards include age, education, and licensure standards.

Chiropractors' services are covered as an optional service in 27 States. Two States (Nebraska and North Dakota) place no limitations on chiropractor's services. Prior authorizationis required by five states and 24 States placeother limits on chiropractor's services. The other limits include only emergency care provided and limits on number of visits per recipient per time period.

Limitations on other practitioners' services are found on Table 40 (continued). Optometrists', podiatrists', and chiropractors' services have been discussed above. Thus, the "other practitioners' services" displayed in this table include psychologists, professional nurses, Christian Science practitioners, and naturopaths, (42 CFR 440.60). These services are provided in 33 States. Two States (Kentucky and New York) offer other practitioner services with no limitations. Eight States require prior authorization, while thirty-one States place other limits on other practitioner services. The other limits they place on these services include limits on number of visits to psychologists, certain types of therapy (sensitive training) not covered, naturopathic services reviewed for appropriateness of billing, and audiologists' services limited to the provision of hearing aids only.

Prosthetic devices (Table 40) are defined by 42 CFR 440.120(c) to mean replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of practice as defined by State law. The devices must:

- Artificially replace a missing portion of the body;
- Prevent or correct physical deformity or malfunction; or
- Support a weak or deformed portion of the body.

Four States (Idaho, Mississippi, North Carolina and Virginia) do not provide prosthetic devices. Maine and North Dakota provide prosthetic devices without limitations. Thirty-two States require prior authorization and 28 States place other limits on prosthetic devices. The other limits placed by the above 28 States include certain devices provided only to recipients under age 21, restrictions on number of devices provided, repair of devices, and provided only on a physician's order.

Limitations on physical therapy services are displayed in Table 41. Physical therapy according to 42 CFR 440.110(a) refers to services prescribed by a physician and provided to a recipient by or under the direction of a qualified physical therapist. To be a qualified physical therapist an individual must be licensed by the State, where applicable, and be a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent. Physical therapy includes any necessary supplies and equipment.

Physical therapy services are provided by 36 States. Alaska and North Dakota provide physical therapy services without limitations. Seventeen States require prior authorization for physical therapy services, while twenty-seven States place other limits on these services. Other limits include specific procedures not provided, limited to specific number of modalities per recipient per time period and limited to specified groups of recipients (e.g., homebound).

Occupational therapy is offered as an optional service to recipients in 27 States. Occupational therapy (42 CFR 440.110(b)) refers to services prescribed by a physician and provided to a recipient by or under the direction of a qualified occupational therapist. A qualified occupational therapist is an individual who is either registered by the American Occupational Therapy Association or who is a graduate of an approved occupational therapy program (by the Council on Medical Education of the American Medical Association) and engaged in the supplemental clinical experience required by the American Occupational Therapy Association. Occupational therapy services include any necessary supplies and equipment.

Alaska and North Dakota provide these services without limitations. Twelve other States require prior authorization for occupational services, while twenty-two States place other limits on occupational therapy services. Examples of other limits include limits on number of visits per recipient per time period, services limited to specific programs (e.g., rehabilitative, recuperative), and non-coverage of services provided by privately practicing therapists.

Services for individuals with speech, hearing and language disorders are provided as an optional service in 34 States. These services are diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist for which a patient is referred by a physician (42 CFR 440.110(c)). It includes any necessary supplies and equipment. A speech pathologist or audiologist is an individual who has a certificate of clinical competence from the American Speech and Hearing Association, has completed the equivalent educational requirements and work experience necessary for the certificate, or has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

Speech, hearing, and language services (Table 41) are provided in 34 States. Alaska and North Carolina are the only States which provide speech, hearing, and language services without limitations. Fifteen States require prior authorization and 28 States place other limits on speech, hearing, and language services. These 28 States place limits that range from certificates of need to services of privately practicing therapists not covered to limits per recipient per time period by facility type (e.g., home health agency, visiting nursing association).

Diagnostic services (42 CFR 440.130(a)) include medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law. The services must enable the practitioner to identify the existence, nature or extent of illness, injury, or other health deviation in a recipient.

Table 42 displays limitations on diagnostic services and shows that 21 States provide this service, while eleven impose limits. The District of Columbia, Hawaii and Washington require prior authorization for diagnostic services and nine States place other limits on these services. Types of other limits include restrictions on the number of Pap smears in Michigan and, in Delaware, services are limited to rental of apnea

monitors for infants with diagnosed near-miss sudden infant death syndrome.

Screening services (42 CFR 440.130(b)), also shown in Table 42, refer to the use of standardized tests given under medical direction in the mass examination of a designated population to detect the existence of one or more particular diseases. Screening services are provided in 16 States. Eight States place limits on screening services. Eight States place other limits on these services such as limiting services to recipients under age 21, and limiting the frequency of particular tests.

Limits on preventive services are displayed in Table 42 (continued). Preventive services (42 CFR 440.130(c)) are those that prevent disease, disability, and other health conditions or their progression; services that prolong life; and services that promote physical and mental health and efficiency. Preventive services must be provided by a physician or other licensed practitioner of the healing arts within the scope of practice under State law.

Nineteen States provide preventive services. Nine States provide preventive services without limitations. The District of Columbia requires prior authorization while nine other States place other limits on preventive services. Examples of other limits include services limited to specific immunizations that are not available without cost through a local health department, services limited to those provided by a mental health center, and services subject to limitations of each service category under which they fall.

Rehabilitative services (42 CFR 440.130(d)) are medical or remedial services for reduction of physical or mental disability and restoration of a recipient to his best possible functional level. The services must be recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law. Six States place no limits on the provision of these services. Thirty-one States provide rehabilitative services. Twelve States require prior authorization before provision of the services and 18 States place other limits on rehabilitative services. Other limits include services limited to a specific number per recipient per time period, services subject to limitation of each service category under which they fall, and services limited to provision of blood for specific conditions.

Medically needy coverage and limitations

A State plan must specify that, at a minimum, categorically needy recipients are provided the mandatory services. Additionally, if a State plan includes the medically needy, it must provide, at a minimum, the following services (42 CFR 440.220):

- Prenatal care and delivery services for pregnant women;
- Ambulatory services to individuals under age 18 and individuals entitled to institutional services;
- Home health services to individuals entitled to SNF services; and
- If the State plan includes services either in institutions for mental diseases or in ICF-MRs, it must offer either of the following to each of the medically needy group: The services contained in 42 CFR sections 440.10 through 440.50 and 440.165 (to the extent nurse-midwives are authorized to practice under State law or regulations); or the services contained in any seven of the sections in 42 CFR 440.10 through 42 CFR 440.165.

The State can, in addition, provide any other services to the medically needy without being bound by requirements pertaining to a minimum number of services or a mix of institutional and noninstitutional services. Furthermore, a State may offer one set of services for a certain medically needy group without being required to offer them to all the medically needy groups.

Summary of limitations

Table 43 displays a summary of the limitations on medically needy services beyond those for the categorically needy. Since 1984, five States (Colorado, Georgia, Iowa, South Carolina, and Texas) have added medically needy programs. Twenty-seven of the 35 have the same coverage for mandatory services for all medically needy groups as for the categorically needy, while twenty-three States have the same coverage for optional services for all medically needy groups as for the categorically needy. Thus, in 23 of the 35 States with medically needy programs, the services are the same for all recipients.

Mandatory and Optional Service Limitations

Table 44 displays, for both mandatory and optional services, those States in which service coverage for all medically needy groups is either more restrictive than the coverage for categorically needy groups or not provided.

Eight States have more restrictive limitations on the medically needy for at least one mandatory service. Outpatient hospital services are more restrictive in Oregon, Rhode Island and Wisconsin; SNF services are not provided in Arkansas, Iowa, Louisiana, and Tennessee; and home health services are more restrictive in Pennsylvania.

Table 44 also displays the status of limitations on optional services for all medically needy groups as compared to the same services provided to the categorically needy. New Hampshire has more restrictive limitations on just one optional service and nine other States have more restrictive limitations on three to nine optional services. Oregon limits services for medically needy pregnant women to prenatal and delivery services only.

Coverage of the medically needy as of March 1986 is considerably different than what was in effect two years

earlier. Oklahoma and Wisconsin no longer have more restrictive limitations on the medically needy for mandatory services, while Iowa, Oregon, and Pennsylvania now impose limitations. Likewise, Kansas no longer has more restrictive limitations on optional services while Iowa has now imposed them. Of the States that continued limitations on mandatory services, there were no coverage changes, while changes in limiting optional services occurred in Arkansas, New Hampshire, Washington, and Wisconsin.

Cost sharing

States are permitted to require certain recipients to share some of the costs of Medicaid by imposing upon them such payments as enrollment fees, premiums, deductibles, coinsurance, copayments, or similar cost sharing charges (42 CFR 447.50). For States that impose cost sharing payments, the regulations specify the standards and conditions under which States may impose cost sharing, set forth minimum amounts and the methods for determining maximum amounts, and describe limitations on availability of FFP that relate to cost sharing requirements.

With the passage of the Social Security Amendments of 1972, States were empowered to impose "nominal" cost sharing requirements on optional Medicaid services for cash assistance recipients and on any services for the medically needy. Section 131 of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 introduced major changes to Medicaid cost sharing requirements. States may now impose a nominal deductible, coinsurance, copayment, or similar charge upon both categorically needy and medically needy for any service offered under the State Plan.

Public Law 97-248, TEFRA, has been in effect since October 1982 and it prohibits imposition of cost sharing on the following:

- Services furnished to individuals under 18 years of age (or up to 21 at State option);
- Pregnancy related services (or, at State option, any service provided to pregnant women);
- Services provided to certain institutionalized individuals who are required to spend all of their income for medical care except for a personal needs allowance;
- Emergency services;
- Family planning services and supplies; and
- Services furnished to categorically needy HMO enrollees (or, at State option, services provided to both categorically needy and medically needy HMO enrollees).

In addition, no more than one type of charge can be imposed on any service.

Table 45 presents State copayment policies in effect as of March 31, 1986. In addition, it includes an entry for each copayment indicating whether or not that policy has changed since the last program characteristic survey completed in March 1984.

While emergency services are excluded from cost sharing, States may apply for waivers of nominal amounts for nonemergency services furnished in hospital emergency rooms. Such a waiver allows States to impose a copayment amount up to twice the current maximum for such services. Approval of a waiver request by HCFA is based partly on the State's assurance that recipients will have accessibility to alternative sources of care. As indicated in Table 45, California has such a waiver.

Under the columns for eligibility groups, only Virginia and Wisconsin imposed different cost sharing on the categorically needy and the medically needy. Wisconsin had more charges on services for the categorically needy but this was due to the fact that these services were not offered to the medically needy. The term "all" in this column denotes either categorically needy and medically needy combined or categorically needy only because the State does not have a medically needy program. When States indicated groups of people on whom charges were imposed, those groups are listed only once for that Statebut the information is relevant for each service. While States may impose copayments on individuals age 18 or older, seven States indicated that charges apply to persons age 21 or older and one State applies cost sharing on persons age 19 or older. California has a section 1115(a) waiver which allows copayments to be charged on persons over age 12.

TABLE 16

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: INPATIENT HOSPITAL SERVICES

STATE	LIMITS	LIMITS ON NUMBER OF DAYS/YEAR	PRIOR AUTH REQUIRED		LIMITS ON PRE-OPERATIVE DAYS/WEEKEND ADMISSIONS	LIMITS ON ELECTIVE SURGERY	LIMITS ON COVERAGE OF ALL PROCEDURES
			ALL ELECTIVE PROCEDURES	SPECIFIC PROCEDURES			
ALABAMA	YES	12	NO	YES	YES	NO	NO
ALASKA	YES	—	YES	YES	NO	NO	NO
ARKANSAS	YES	35	NO	YES	NO	NO	NO
CALIFORNIA	YES	—	NO	YES	NO	NO	YES
COLORADO	YES	—	NO	NO	NO	NO	NO
CONNECTICUT	YES	—	NO	NO	YES	NO	YES
DELAWARE	YES	—	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	—	NO	NO	NO	NO	NO
FLORIDA	YES	45	NO	NO	NO	NO	YES
GEORGIA	YES	—	NO	YES	NO	NO	YES
HAWAII	YES	—	NO	NO	NO	NO	NO
IDAHO	YES	40	NO	NO	NO	NO	NO
ILLINOIS	YES	—	NO	NO	YES	NO	NO
INDIANA	YES	—	NO	YES	NO	NO	NO
IOWA	YES	—	NO	YES	NO	NO	YES
KANSAS	YES	—	NO	NO	NO	**	YES
KENTUCKY	YES	14*	NO	NO	YES	NO	NO
LOUISIANA	YES	—	NO	YES	NO	NO	NO
MAINE	NO	—	NO	NO	NO	NO	NO
MARYLAND	YES	—	NO	YES	NO	NO	YES
MASSACHUSETTS	NO	—	NO	NO	NO	NO	NO
MICHIGAN	YES	—	YES	YES	NO	NO	YES
MINNESOTA	YES	—	NO	YES	NO	NO	YES
MISSISSIPPI	YES	15	NO	NO	YES	NO	NO
MISSOURI	YES	—	NO	NO	YES	NO	NO
MONTANA	YES	—	NO	NO	NO	NO	YES
NEBRASKA	YES	—	NO	NO	NO	NO	NO
NEVADA	YES	—	NO	NO	NO	NO	NO
NEW HAMPSHIRE	YES	—	NO	NO	NO	NO	NO
NEW JERSEY	YES	—	NO	YES	NO	NO	NO
NEW MEXICO	YES	—	NO	YES	NO	NO	YES
NEW YORK	YES	—	YES	NO	YES	NO	NO
NORTH CAROLINA	YES	—	NO	YES	NO	NO	NO
NORTH DAKOTA	NO	—	NO	NO	NO	NO	NO
OHIO	YES	—	YES	NO	NO	NO	YES
OKLAHOMA	YES	—	NO	NO	NO	NO	NO
OREGON	YES	18	NO	NO	NO	NO	NO
PENNSYLVANIA	YES	—	NO	NO	YES	NO	YES
RHODE ISLAND	YES	—	NO	YES	NO	NO	YES
SOUTH CAROLINA	YES	—	NO	YES	NO	NO	NO
SOUTH DAKOTA	NO	—	NO	NO	NO	NO	NO
TENNESSEE	YES	14	NO	NO	YES	NO	NO
TEXAS	YES	30*	NO	NO	NO	NO	NO
UTAH	YES	—	NO	YES	NO	NO	YES
VERMONT	YES	—	NO	YES	NO	NO	YES
VIRGINIA	YES	21	NO	NO	NO	NO	YES
WASHINGTON	YES	—	YES	NO	NO	NO	NO
WEST VIRGINIA	YES	60	NO	NO	NO	NO	NO
WISCONSIN	YES	—	NO	YES	NO	NO	NO
WYOMING	YES	—	NO	NO	NO	NO	NO
TOTAL STATES	48	11	5	19	9	1	17

* PER SPELL OF ILLNESS OR ADMISSION
** COVERED BUT ONLY FOR EPSDT RECIPIENTS

TABLE 18 (CONTINUED)

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: INPATIENT HOSPITAL SERVICES

STATE	LIMITS ON COVERAGE OF PROCEDURES THAT COULD BE PROVIDED ON OUTPATIENT BASIS	ALL OPTIONAL HOSPITAL SERVICES NOT COVERED	DENTAL PROCEDURES	STERILIZATION SERVICES	OTHER LIMITS
ALABAMA	NO	NO	YES	NO	NO
ALASKA	NO	NO	NO	NO	YES
ARKANSAS	NO	NO	NO	NO	YES
CALIFORNIA	YES	NO	NO	NO	YES
COLORADO	NO	NO	NO	NO	YES
CONNECTICUT	YES	YES	NO	NO	NO
DELAWARE	NO	NO	NO	NO	YES
DIST COLUMBIA	NO	NO	NO	NO	YES
FLORIDA	NO	NO	NO	NO	YES
GEORGIA	NO	YES	NO	YES	YES
HAWAII	NO	NO	NO	NO	YES
IDAHO	NO	NO	NO	NO	NO
ILLINOIS	YES	NO	NO	NO	NO
INDIANA	NO	NO	NO	NO	NO
IOWA	NO	NO	YES	YES	YES
KANSAS	NO	NO	NO	NO	NO
KENTUCKY	YES	YES	NO	NO	YES
LOUISIANA	YES	NO	NO	NO	YES
MAINE	NO	NO	NO	NO	NO
MARYLAND	NO	NO	NO	NO	YES
MASSACHUSETTS	NO	NO	NO	NO	NO
MICHIGAN	NO	NO	YES	NO	YES
MINNESOTA	NO	NO	YES	NO	YES
MISSISSIPPI	NO	NO	NO	NO	NO
MISSOURI	YES	NO	NO	NO	YES
MONTANA	NO	NO	NO	NO	YES
NEBRASKA	NO	NO	YES	NO	YES
NEVADA	NO	NO	NO	NO	YES
NEW HAMPSHIRE	NO	NO	NO	NO	YES
NEW JERSEY	NO	NO	NO	NO	YES
NEW MEXICO	NO	NO	NO	NO	YES
NEW YORK	YES	NO	NO	NO	YES
NORTH CAROLINA	NO	NO	NO	NO	YES
NORTH DAKOTA	NO	NO	NO	NO	NO
OHIO	NO	NO	NO	NO	YES
OKLAHOMA	NO	NO	NO	NO	YES
OREGON	NO	NO	NO	NO	YES
PENNSYLVANIA	YES	YES	NO	YES	YES
RHODE ISLAND	YES	NO	NO	YES	YES
SOUTH CAROLINA	YES	NO	NO	NO	YES
SOUTH DAKOTA	NO	NO	NO	NO	NO
TENNESSEE	NO	NO	NO	NO	NO
TEXAS	NO	NO	NO	NO	YES
UTAH	NO	NO	NO	NO	YES
VERMONT	NO	NO	YES	NO	YES
VIRGINIA	NO	NO	NO	NO	YES
WASHINGTON	NO	NO	NO	NO	YES
WEST VIRGINIA	NO	NO	NO	NO	NO
WISCONSIN	NO	NO	NO	NO	YES
WYOMING	NO	NO	NO	NO	YES
TOTAL STATES	10	4	8	4	37

TABLE 17

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: OUTPATIENT HOSPITAL SERVICES

STATE	LIMITS	LIMITS* ON NUMBER OF VISITS/YEAR	LIMITS ON COVERAGE OF ALL PROCEDURES\ SPECIAL SERVICES	PRIOR AUTHORIZATION REQUIRED FOR CERTAIN SERVICES/PROCEDURES	LIMITS ON PSYCHIATRIC SERVICES	LIMITS ON STERILIZATION SERVICES	OTHER LIMITS
ALABAMA	YES	3	NO	YES	NO	NO	NO
ALASKA	NO	—	NO	NO	NO	NO	NO
ARKANSAS	YES	18	YES	NO	NO	NO	YES
CALIFORNIA	YES	—	YES	NO	NO	NO	YES
COLORADO	YES	—	NO	NO	NO	NO	YES
CONNECTICUT	YES	—	YES	NO	YES	NO	YES
DELAWARE	NO	—	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	—	NO	NO	NO	NO	YES
FLORIDA	YES	—	NO	NO	NO	NO	YES
GEORGIA	YES	—	YES	NO	NO	YES	YES
HAWAII	YES	48	NO	YES	YES	NO	YES
IDAHO	YES	6	NO	NO	NO	NO	NO
ILLINOIS	NO	—	NO	NO	NO	NO	NO
INDIANA	YES	—	NO	YES	NO	NO	NO
IOWA	YES	—	NO	NO	NO	YES	YES
KANSAS	YES	—	YES	NO	NO	NO	YES
KENTUCKY	YES	—	YES	NO	NO	NO	YES
LOUISIANA	YES	—	NO	NO	NO	NO	YES
MAINE	NO	—	NO	NO	NO	NO	NO
MARYLAND	YES	—	YES	YES	YES	NO	YES
MASSACHUSETTS	NO	—	NO	NO	NO	NO	NO
MICHIGAN	YES	—	YES	YES	YES	NO	YES
MINNESOTA	YES	—	NO	NO	NO	NO	YES
MISSISSIPPI	YES	6	NO	NO	NO	NO	YES
MISSOURI	YES	24	YES	YES	NO	NO	YES
MONTANA	YES	—	NO	NO	NO	NO	YES
NEBRASKA	YES	—	NO	YES	NO	NO	YES
NEVADA	YES	—	NO	NO	NO	NO	YES
NEW HAMPSHIRE	YES	12	NO	NO	NO	NO	NO
NEW JERSEY	YES	—	NO	YES	NO	NO	YES
NEW MEXICO	YES	—	YES	YES	NO	NO	NO
NEW YORK	NO	—	NO	NO	NO	NO	NO
NORTH CAROLINA	YES	24	YES	YES	YES	NO	YES
NORTH DAKOTA	NO	—	NO	NO	NO	NO	NO
OHIO	YES	—	NO	YES	NO	NO	YES
OKLAHOMA	YES	—	NO	NO	NO	NO	YES
OREGON	YES	—	NO	NO	NO	NO	YES
PENNSYLVANIA	YES	12	YES	YES	NO	NO	YES
RHODE ISLAND	YES	—	NO	NO	NO	YES	YES
SOUTH CAROLINA	YES	18	NO	NO	NO	NO	NO
SOUTH DAKOTA	NO	—	NO	NO	NO	NO	NO
TENNESSEE	YES	30	NO	NO	NO	NO	NO
TEXAS	YES	—	NO	NO	NO	NO	YES
UTAH	YES	—	NO	YES	NO	YES	NO
VERMONT	YES	—	NO	NO	NO	NO	YES
VIRGINIA	YES	—	YES	NO	NO	NO	YES
WASHINGTON	YES	—	NO	NO	NO	NO	YES
WEST VIRGINIA	YES	—	NO	NO	NO	NO	YES
WISCONSIN	YES	—	NO	YES	NO	NO	YES
WYOMING	YES	—	YES	NO	NO	NO	YES
TOTAL STATES	42	11	14	14	5	4	34

* SEE TEXT FOR DESCRIPTION OF VARIOUS TYPES OF LIMITS/TIME PERIODS

TABLE 18

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: RURAL HEALTH CLINIC SERVICES*

STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED FOR CERTAIN SERVICES/PROCEDURES	LIMITED NUMBER OF VISITS/YEAR	LIMITS ON SPECIFIC SERVICES	SERVICES PROVIDED BY NON-PHYSICIANS LIMITED OR NOT COVERED	OTHER LIMITS
ALABAMA	YES	NO	NO	—	NO	NO	NO
ALASKA	YES	NO	NO	—	NO	NO	NO
ARKANSAS	YES	YES	NO	12	NO	NO	NO
CALIFORNIA	YES	YES	NO	—	YES	YES	NO
COLORADO	YES	NO	NO	—	NO	NO	NO
CONNECTICUT	YES	NO	NO	—	NO	NO	NO
DELAWARE	YES	NO	NO	—	NO	NO	NO
DIST COLUMBIA	NO	NO	NO	—	NO	NO	NO
FLORIDA	YES	YES	NO	—	NO	YES	NO
GEORGIA	YES	YES	NO	—	YES	NO	YES
HAWAII	NO	NO	NO	—	NO	NO	NO
IDAHO	YES	YES	NO	—	NO	NO	YES
ILLINOIS	YES	YES	YES	—	YES	NO	NO
INDIANA	YES	YES	NO	—	NO	NO	YES
IOWA	YES	YES	NO	—	YES	NO	NO
KANSAS	YES	NO	NO	—	NO	NO	NO
KENTUCKY	YES	YES	NO	—	NO	YES	NO
LOUISIANA	YES	NO	NO	—	NO	NO	NO
MAINE	YES	NO	NO	—	NO	NO	NO
MARYLAND	YES	YES	NO	—	YES	NO	NO
MASSACHUSETTS	NO	NO	NO	—	NO	NO	NO
MICHIGAN	YES	NO	NO	—	NO	NO	NO
MINNESOTA	YES	YES	NO	—	NO	NO	YES
MISSISSIPPI	YES	YES	NO	12	NO	NO	NO
MISSOURI	YES	YES	YES	24	NO	NO	YES
MONTANA	NO	NO	NO	—	NO	NO	NO
NEBRASKA	NO	NO	NO	—	NO	NO	NO
NEVADA	YES	YES	NO	—	NO	NO	YES
NEW HAMPSHIRE	YES	YES	NO	12	NO	NO	NO
NEW JERSEY	NO	NO	NO	—	NO	NO	NO
NEW MEXICO	YES	YES	YES	—	YES	NO	NO
NEW YORK	YES	NO	NO	—	NO	NO	NO
NORTH CAROLINA	YES	YES	NO	24	NO	NO	YES
NORTH DAKOTA	YES	NO	NO	—	NO	NO	NO
OHIO	YES	YES	NO	48	NO	NO	YES
OKLAHOMA	YES	YES	NO	—	NO	NO	YES
OREGON	YES	NO	NO	—	NO	NO	NO
PENNSYLVANIA	YES	NO	NO	—	NO	NO	NO
RHODE ISLAND	YES	YES	YES	—	NO	NO	NO
SOUTH CAROLINA	YES	YES	YES	18	NO	NO	NO
SOUTH DAKOTA	YES	NO	NO	—	NO	NO	NO
TENNESSEE	YES	NO	NO	—	NO	NO	NO
TEXAS	YES	YES	YES	12	YES	NO	YES
UTAH	YES	NO	NO	—	NO	NO	NO
VERMONT	YES	YES	NO	—	NO	YES	NO
VIRGINIA	YES	NO	NO	—	NO	NO	NO
WASHINGTON	YES	NO	NO	—	NO	NO	NO
WEST VIRGINIA	YES	NO	NO	—	NO	NO	NO
WISCONSIN	YES	YES	YES	—	NO	NO	NO
WYOMING	YES	YES	NO	—	YES	NO	YES
TOTAL STATES	44	25	7	8	8	4	11

* MAY BE PROHIBITED BY STATE LAW. IF SO, STATES CANNOT PROVIDE RURAL HEALTH CLINIC SERVICES.

TABLE 19

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: OTHER LABORATORY AND X-RAY SERVICES

STATE	LIMITS	PRIOR AUTHORIZATION REQUIRED	LIMITED TO SERVICES ORDERED BY PHYSICIAN	SOME PROCEDURES LIMITED OR REQUIRE PRIOR APPROVAL	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	NO
ALASKA	YES	NO	YES	NO	NO
ARKANSAS	YES	NO	NO	NO	YES
CALIFORNIA	YES	NO	NO	YES	YES
COLORADO	NO	NO	NO	NO	NO
CONNECTICUT	NO	NO	NO	NO	NO
DELAWARE	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	NO	NO	YES	YES
FLORIDA	YES	NO	YES	NO	YES
GEORGIA	YES	NO	NO	NO	YES
HAWAII	YES	YES	NO	NO	NO
IDAHO	NO	NO	NO	NO	NO
ILLINOIS	NO	NO	NO	NO	NO
INDIANA	NO	NO	NO	NO	NO
IOWA	YES	NO	NO	NO	YES
KANSAS	NO	NO	NO	NO	NO
KENTUCKY	YES	NO	NO	NO	YES
LOUISIANA	NO	NO	NO	NO	NO
MAINE	NO	NO	NO	NO	NO
MARYLAND	YES	NO	NO	YES	YES
MASSACHUSETTS	NO	NO	NO	NO	NO
MICHIGAN	YES	NO	NO	NO	YES
MINNESOTA	NO	NO	NO	NO	NO
MISSISSIPPI	NO	NO	NO	NO	NO
MISSOURI	YES	NO	NO	NO	YES
MONTANA	YES	NO	NO	YES	YES
NEBRASKA	NO	NO	NO	NO	NO
NEVADA	NO	NO	NO	NO	NO
NEW HAMPSHIRE	YES	NO	NO	NO	YES
NEW JERSEY	NO	NO	NO	NO	NO
NEW MEXICO	YES	NO	NO	YES	NO
NEW YORK	NO	NO	NO	NO	NO
NORTH CAROLINA	NO	NO	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	NO	NO
OHIO	NO	NO	NO	NO	NO
OKLAHOMA	YES	NO	NO	NO	YES
OREGON	NO	NO	NO	NO	NO
PENNSYLVANIA	YES	NO	NO	NO	YES
RHODE ISLAND	YES	YES	NO	NO	YES
SOUTH CAROLINA	YES	NO	NO	NO	YES
SOUTH DAKOTA	NO	NO	NO	NO	NO
TENNESSEE	YES	NO	NO	NO	YES
TEXAS	YES	NO	YES	NO	NO
UTAH	YES	YES	NO	NO	NO
VERMONT	NO	NO	NO	NO	NO
VIRGINIA	NO	NO	NO	NO	NO
WASHINGTON	YES	NO	NO	YES	NO
WEST VIRGINIA	NO	NO	NO	NO	NO
WISCONSIN	NO	NO	NO	NO	NO
WYOMING	NO	NO	NO	NO	NO
TOTAL STATES	23	3	3	6	17

TABLE 20

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: SKILLED NURSING FACILITY SERVICES

STATE	LIMITS	PRIOR AUTHORIZATION REQUIRED	PERIODIC REAUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	YES	YES	NO	NO
ALASKA	YES	YES	NO	NO
ARKANSAS	NO	NO	NO	NO
CALIFORNIA	YES	YES	YES	NO
COLORADO	YES	YES	YES	NO
CONNECTICUT	NO	NO	NO	NO
DELAWARE	NO	NO	NO	NO
DIST COLUMBIA	YES	NO	NO	YES
FLORIDA	NO	NO	NO	NO
GEORGIA	YES	YES	NO	NO
HAWAII	YES	YES	NO	NO
IDAHO	NO	NO	NO	NO
ILLINOIS	YES	NO	NO	YES
INDIANA	YES	NO	NO	YES
IOWA	YES	YES	NO	YES
KANSAS	NO	NO	NO	NO
KENTUCKY	YES	YES	YES	NO
LOUISIANA	NO	NO	NO	NO
MAINE	YES	NO	NO	YES
MARYLAND	YES	YES	NO	YES
MASSACHUSETTS	YES	YES	NO	YES
MICHIGAN	YES	YES	YES	YES
MINNESOTA	YES	NO	NO	YES
MISSISSIPPI	YES	YES	NO	NO
MISSOURI	YES	NO	YES	YES
MONTANA	YES	NO	NO	YES
NEBRASKA	YES	NO	NO	YES
NEVADA	YES	YES	NO	YES
NEW HAMPSHIRE	YES	YES	YES	NO
NEW JERSEY	YES	YES	NO	NO
NEW MEXICO	NO	NO	NO	NO
NEW YORK	YES	YES	NO	YES
NORTH CAROLINA	YES	YES	NO	NO
NORTH DAKOTA	NO	NO	NO	NO
OHIO	YES	NO	NO	YES
OKLAHOMA	YES	NO	NO	YES
OREGON	YES	NO	NO	YES
PENNSYLVANIA	YES	NO	NO	YES
RHODE ISLAND	YES	YES	NO	NO
SOUTH CAROLINA	YES	YES	NO	NO
SOUTH DAKOTA	NO	NO	NO	NO
TENNESSEE	NO	NO	NO	NO
TEXAS	YES	NO	NO	YES
UTAH	NO	NO	NO	NO
VERMONT	YES	NO	NO	YES
VIRGINIA	NO	NO	NO	NO
WASHINGTON	YES	YES	NO	NO
WEST VIRGINIA	YES	YES	YES	NO
WISCONSIN	YES	YES	NO	NO
WYOMING	NO	NO	NO	NO
TOTAL STATES	38	22	7	20

TABLE 21

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES:
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT

STATE	LIMITS	LIMITED TO FEDERAL REQUIREMENTS	IN EXCESS OF FEDERAL REQUIREMENTS
ALABAMA	YES	NO	YES
ALASKA	YES	NO	YES
ARKANSAS	YES	NO	YES
CALIFORNIA	YES	NO	YES
COLORADO	YES	YES	NO
CONNECTICUT	YES	YES	NO
DELAWARE	NO	NO	NO
DIST COLUMBIA	NO	NO	NO
FLORIDA	NO	NO	NO
GEORGIA	YES	YES	NO
HAWAII	YES	YES	NO
IDAHO	YES	YES	NO
ILLINOIS	YES	YES	NO
INDIANA	YES	Ye.	NO
IOWA	NO	NO	NO
KANSAS	YES	YES	NO
KENTUCKY	YES	YES	NO
LOUISIANA	YES	YES	NO
MAINE	YES	YES	NO
MARYLAND	YES	YES	NO
MASSACHUSETTS	YES	NO	YES
MICHIGAN	YES	NO	YES
MINNESOTA	YES	NO	YES
MISSISSIPPI	YES	YES	NO
MISSOURI	YES	YES	NO
MONTANA	NO	NO	NO
NEBRASKA	YES	NO	YES
NEVADA	NO	NO	NO
NEW HAMPSHIRE	YES	YES	NO
NEW JERSEY	YES	NO	YES
NEW MEXICO	YES	YES	NO
NEW YORK	NO	NO	NO
NORTH CAROLINA	YES	YES	NO
NORTH DAKOTA	NO	NO	NO
OHIO	YES	YES	NO
OKLAHOMA	YES	NO	YES
OREGON	YES	YES	NO
PENNSYLVANIA	YES	YES	NO
RHODE ISLAND	YES	NO	YES
SOUTH CAROLINA	YES	NO	YES
SOUTH DAKOTA	YES	YES	NO
TENNESSEE	YES	YES	NO
TEXAS	YES	YES	NO
UTAH	YES	YES	NO
VERMONT	YES	YES	NO
VIRGINIA	NO	NO	NO
WASHINGTON	NO	NO	NO
WEST VIRGINIA	NO	NO	NO
WISCONSIN	NO	NO	NO
WYOMING	YES	YES	NO
TOTAL STATES	33	28	12

TABLE 22

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: FAMILY PLANNING SERVICES

STATE	LIMITS	LIMITS ON STERILIZATION SERVICES	OTHER LIMITS
ALABAMA	NO	NO	NO
ALASKA	NO	NO	NO
ARKANSAS	YES	NO	YES
CALIFORNIA	YES	NO	YES
COLORADO	NO	NO	NO
CONNECTICUT	YES	NO	YES
DELAWARE	NO	NO	NO
DIST COLUMBIA	NO	NO	NO
FLORIDA	NO	NO	NO
GEORGIA	YES	YES	YES
HAWAII	YES	NO	YES
IDAHO	NO	NO	NO
ILLINOIS	NO	NO	NO
INDIANA	NO	NO	NO
IOWA	YES	YES	YES
KANSAS	NO	NO	NO
KENTUCKY	YES	NO	YES
LOUISIANA	NO	NO	NO
MAINE	YES	NO	YES
MARYLAND	YES	NO	YES
MASSACHUSETTS	NO	NO	NO
MICHIGAN	YES	NO	YES
MINNESOTA	YES	NO	YES
MISSISSIPPI	NO	NO	NO
MISSOURI	YES	YES	YES
MONTANA	YES	NO	YES
NEBRASKA	NO	NO	NO
NEVADA	NO	NO	NO
NEW HAMPSHIRE	YES	NO	YES
NEW JERSEY	NO	NO	NO
NEW MEXICO	YES	YES	NO
NEW YORK	NO	NO	NO
NORTH CAROLINA	NO	NO	NO
NORTH DAKOTA	NO	NO	NO
OHIO	NO	NO	NO
OKLAHOMA	YES	YES	NO
OREGON	NO	NO	NO
PENNSYLVANIA	YES	NO	YES
RHODE ISLAND	YES	YES	YES
SOUTH CAROLINA	NO	NO	NO
SOUTH DAKOTA	YES	NO	YES
TENNESSEE	NO	NO	NO
TEXAS	YES	NO	YES
UTAH	YES	YES	YES
VERMONT	YES	NO	YES
VIRGINIA	YES	NO	YES
WASHINGTON	YES	NO	YES
WEST VIRGINIA	NO	NO	NO
WISCONSIN	YES	YES	NO
WYOMING	YES	NO	YES
TOTAL STATES	26	8	23

TABLE 23

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: GENERAL LIMITS ON PHYSICIAN SERVICES

STATE	LIMITS	LIMITS ON SERVICES COVERED	LIMITS ON INJECTIONS	LIMITS ON STERILIZATION SERVICES	OTHER LIMITS
ALABAMA	YES	NO	NO	NO	YES
ALASKA	YES	NO	NO	YES	NO
ARKANSAS	YES	NO	NO	NO	YES
CALIFORNIA	YES	YES	NO	NO	YES
COLORADO	NO	NO	NO	NO	NO
CONNECTICUT	YES	YES	NO	NO	YES
DELAWARE	YES	NO	NO	NO	YES
DIST COLUMBIA	YES	YES	NO	NO	YES
FLORIDA	YES	NO	NO	NO	YES
GEORGIA	YES	YES	NO	NO	YES
HAWAII	YES	NO	NO	NO	YES
IDAHO	YES	YES	NO	NO	YES
ILLINOIS	YES	NO	NO	NO	YES
INDIANA	YES	NO	NO	NO	YES
IOWA	YES	YES	YES	YES	YES
KANSAS	YES	YES	NO	NO	YES
KENTUCKY	YES	NO	NO	NO	YES
LOUISIANA	YES	NO	NO	NO	YES
MAINE	NO	NO	NO	NO	NO
MARYLAND	YES	YES	YES	NO	YES
MASSACHUSETTS	YES	NO	NO	NO	YES
MICHIGAN	YES	YES	NO	NO	YES
MINNESOTA	YES	YES	NO	NO	YES
MISSISSIPPI	YES	NO	NO	NO	YES
MISSOURI	YES	YES	NO	NO	YES
MONTANA	YES	YES	NO	NO	YES
NEBRASKA	YES	YES	YES	YES	YES
NEVADA	YES	NO	NO	NO	YES
NEW HAMPSHIRE	YES	YES	NO	NO	YES
NEW JERSEY	YES	NO	NO	NO	YES
NEW MEXICO	YES	YES	NO	NO	YES
NEW YORK	NO	NO	NO	NO	NO
NORTH CAROLINA	YES	YES	YES	NO	YES
NORTH DAKOTA	NO	NO	NO	NO	NO
OHIO	YES	YES	NO	NO	YES
OKLAHOMA	YES	NO	NO	NO	YES
OREGON	YES	NO	NO	NO	YES
PENNSYLVANIA	YES	NO	NO	NO	YES
RHODE ISLAND	YES	NO	NO	YES	YES
SOUTH CAROLINA	YES	YES	NO	NO	YES
SOUTH DAKOTA	YES	NO	NO	NO	YES
TENNESSEE	YES	NO	NO	NO	YES
TEXAS	YES	NO	NO	NO	YES
UTAH	YES	YES	NO	YES	YES
VERMONT	YES	YES	NO	YES	YES
VIRGINIA	YES	YES	NO	NO	YES
WASHINGTON	YES	NO	NO	NO	YES
WEST VIRGINIA	NO	NO	NO	NO	NO
WISCONSIN	YES	YES	NO	NO	YES
WYOMING	YES	YES	YES	NO	YES
TOTAL STATES	45	23	5	6	44

TABLE 24

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: LIMITS PER YEAR ON PHYSICIAN VISITS PROVIDED IN SPECIFIC SETTINGS

STATE	INPATIENT HOSPITAL (PER INPATIENT DAY)	LONG-TERM CARE FACILITY	OFFICE	HOME	EMERGENCY ROOM	ANY SETTING OTHER THAN INPATIENT HOSPITAL
ALABAMA	1	—	—	—	—	12
ALASKA	—	—	—	—	—	—
ARKANSAS	—	18	18	18	—	—
CALIFORNIA	—	—	—	—	—	—
COLORADO	—	—	—	—	—	—
CONNECTICUT	—	4	—	—	—	—
DELAWARE	—	—	—	—	—	—
DIST COLUMBIA	—	—	—	—	—	—
FLORIDA	1	12	—	—	—	—
GEORGIA	1	12	—	—	—	—
HAWAII	—	24	—	—	—	—
IDAHO	—	—	—	—	—	—
ILLINOIS	—	—	—	—	—	—
INDIANA	—	—	—	—	—	—
IOWA	—	—	—	—	—	—
KANSAS	—	—	12	—	—	—
KENTUCKY	—	—	—	—	—	—
LOUISIANA	—	—	—	—	—	12
MAINE	—	—	—	—	—	—
MARYLAND	—	—	—	—	—	—
MASSACHUSETTS	—	—	—	—	—	—
MICHIGAN	—	12	—	—	—	—
MINNESOTA	—	—	—	—	—	—
MISSISSIPPI	1	36	—	—	—	12
MISSOURI	—	—	—	—	12	—
MONTANA	—	—	—	—	—	—
NEBRASKA	—	—	—	—	—	—
NEVADA	—	—	24	—	—	—
NEW HAMPSHIRE	12*	—	—	—	—	18
NEW JERSEY	—	—	—	—	—	—
NEW MEXICO	2	—	—	—	—	—
NEW YORK	—	—	—	—	—	—
NORTH CAROLINA	—	—	—	—	—	24
NORTH DAKOTA	—	—	—	—	—	—
OHIO	12*	12	—	12	—	—
OKLAHOMA	1	24	48	48	—	—
OREGON	—	—	—	—	—	—
PENNSYLVANIA	—	—	—	—	—	—
RHODE ISLAND	37*	—	—	—	—	—
SOUTH CAROLINA	—	—	—	—	—	18
SOUTH DAKOTA	—	—	—	—	—	—
TENNESSEE	—	—	24	—	—	—
TEXAS	—	—	—	—	—	—
UTAH	—	—	—	—	—	—
VERMONT	—	12	—	—	—	—
VIRGINIA	21**	—	—	—	—	—
WASHINGTON	1	24	—	—	—	—
WEST VIRGINIA	—	—	—	—	—	—
WISCONSIN	—	—	—	—	—	—
WYOMING	—	12	—	—	—	—
TOTAL STATES	11	12	5	8	1	8

* Per Year
** Per Admission

TABLE 25

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: LIMITS PER YEAR ON PHYSICIAN VISITS BY SPECIFIC TYPE OF SERVICE

STATE	PSYCHIATRIC	CONSULT WITH SPECIALIST	FAMILY PLANNING	COMPREHENSIVE PHYSICAL EXAM	HYPO-SENSITIZATION	EYE EXAM
ALABAMA	—	—	—	—	—	1
ALASKA	—	—	—	—	—	—
ARKANSAS	—	—	—	—	—	—
CALIFORNIA	24	—	—	—	24	—
COLORADO	—	—	—	—	—	—
CONNECTICUT	1	—	—	—	—	—
DELAWARE	—	—	—	—	—	—
DIST COLUMBIA	—	—	—	—	—	—
FLORIDA	—	—	—	—	—	—
GEORGIA	—	—	2	—	—	—
HAWAII	—	—	—	—	—	—
IDAHO	45	—	—	—	—	—
ILLINOIS	—	—	—	—	—	—
INDIANA	—	—	—	—	—	—
IOWA	—	—	—	—	—	—
KANSAS	24	—	—	—	—	—
KENTUCKY	4	—	—	—	—	—
LOUISIANA	—	—	—	—	—	—
MAINE	—	—	—	—	—	—
MARYLAND	—	—	—	—	—	—
MASSACHUSETTS	—	—	—	—	—	—
MICHIGAN	—	2	—	—	—	—
MINNESOTA	—	—	—	—	—	—
MISSISSIPPI	—	—	—	—	—	—
MISSOURI	—	—	—	—	—	—
MONTANA	—	—	—	—	—	—
NEBRASKA	—	—	—	—	—	—
NEVADA	—	—	—	—	—	—
NEW HAMPSHIRE	—	—	—	—	—	—
NEW JERSEY	—	—	—	—	—	—
NEW MEXICO	—	—	—	—	—	—
NEW YORK	—	—	—	—	—	—
NORTH CAROLINA	2	—	—	—	—	1
NORTH DAKOTA	—	—	—	—	—	—
OHIO	—	—	—	—	—	—
OKLAHOMA	—	—	—	—	—	—
OREGON	—	—	—	—	—	—
PENNSYLVANIA	—	2*	—	—	—	2
RHODE ISLAND	—	—	—	—	—	—
SOUTH CAROLINA	—	—	—	—	—	—
SOUTH DAKOTA	—	—	—	—	—	—
TENNESSEE	—	—	—	—	—	—
TEXAS	—	—	—	—	—	—
UTAH	—	—	—	—	—	—
VERMONT	—	—	—	—	—	—
VIRGINIA	28	—	—	—	—	—
WASHINGTON	1**	—	—	—	—	—
WEST VIRGINIA	—	—	—	—	—	—
WISCONSIN	—	—	—	—	—	—
WYOMING	—	—	—	—	—	—
TOTAL STATES	8	2	1	0	1	3

* PER SPECIALTY PER ILLNESS
** 1 HOUR PER MONTH UNLESS OTHERWISE APPROVED

TABLE 28

SUMMARY OF LIMITATIONS ON MANDATORY SERVICES: PHYSICIAN SERVICES WHICH REQUIRE PRIOR AUTHORIZATION

STATE	SPECIFIC PROCEDURES	ELECTIVE PROCEDURES	SPECIFIC SETTINGS	CARE OUTSIDE STATE	PSYCHIATRIC SERVICES
ALABAMA	YES	NO	NO	YES	NO
ALASKA	NO	YES	NO	NO	NO
ARKANSAS	NO	YES	NO	NO	NO
CALIFORNIA	YES	YES	YES	NO	YES
COLORADO	NO	NO	NO	NO	NO
CONNECTICUT	NO	NO	NO	NO	NO
DELAWARE	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	NO	NO	YES
FLORIDA	NO	YES	YES	NO	NO
GEORGIA	YES	YES	YES	NO	NO
HAWAII	NO	NO	NO	NO	NO
IDAHO	YES	YES	NO	YES	NO
ILLINOIS	NO	NO	NO	NO	NO
INDIANA	YES	NO	NO	NO	NO
IOWA	YES	NO	NO	NO	NO
KANSAS	NO	NO	NO	NO	NO
KENTUCKY	NO	NO	NO	NO	NO
LOUISIANA	NO	NO	NO	NO	NO
MAINE	NO	NO	NO	NO	NO
MARYLAND	YES	NO	NO	NO	NO
MASSACHUSETTS	NO	YES	NO	NO	NO
MICHIGAN	NO	NO	NO	NO	NO
MINNESOTA	YES	NO	NO	NO	NO
MISSISSIPPI	NO	NO	NO	NO	NO
MISSOURI	YES	NO	NO	YES	NO
MONTANA	NO	NO	NO	NO	NO
NEBRASKA	YES	NO	NO	NO	YES
NEVADA	NO	NO	NO	NO	NO
NEW HAMPSHIRE	YES	NO	NO	NO	NO
NEW JERSEY	YES	YES	NO	NO	YES
NEW MEXICO	YES	YES	NO	NO	NO
NEW YORK	NO	NO	NO	NO	NO
NORTH CAROLINA	YES	NO	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	NO	NO
OHIO	NO	NO	NO	NO	NO
OKLAHOMA	NO	NO	NO	NO	NO
OREGON	YES	YES	NO	YES	NO
PENNSYLVANIA	NO	NO	NO	NO	NO
RHODE ISLAND	YES	NO	NO	NO	NO
SOUTH CAROLINA	NO	NO	NO	NO	NO
SOUTH DAKOTA	NO	NO	NO	NO	NO
TENNESSEE	NO	NO	NO	NO	NO
TEXAS	NO	NO	NO	NO	NO
UTAH	YES	NO	YES	NO	NO
VERMONT	YES	NO	NO	NO	NO
VIRGINIA	YES	NO	NO	NO	YES
WASHINGTON	YES	NO	NO	NO	NO
WEST VIRGINIA	NO	NO	NO	NO	NO
WISCONSIN	YES	NO	NO	NO	NO
WYOMING	NO	NO	NO	NO	NO
TOTAL STATES	22	11	4	4	5

TABLE 27

SUMMARY OF LIMITATIONS ON MANDATORY HOME HEALTH SERVICES: PART-TIME NURSING

STATE	LIMITS	PRIOR AUTHORIZATION REQUIRED	LIMITS ON VISITS	OTHER LIMITS
ALABAMA	YES	YES	YES	NO
ALASKA	YES	YES	NO	NO
ARKANSAS	NO	NO	NO	NO
CALIFORNIA	YES	YES	YES	NO
COLORADO	YES	YES	NO	NO
CONNECTICUT	YES	NO	NO	YES
DELAWARE	NO	NO	NO	NO
DIST COLUMBIA	NO	NO	NO	NO
FLORIDA	NO	NO	NO	NO
GEORGIA	YES	NO	YES	NO
HAWAII	YES	NO	NO	YES
IDAHO	YES	NO	YES	NO
ILLINOIS	YES	YES	NO	NO
INDIANA	YES	YES	NO	YES
IOWA	NO	NO	NO	NO
KANSAS	YES	NO	NO	YES
KENTUCKY	YES	NO	NO	YES
LOUISIANA	YES	NO	YES	YES
MAINE	NO	NO	NO	NO
MARYLAND	YES	NO	NO	YES
MASSACHUSETTS	YES	YES	NO	YES
MICHIGAN	NO	NO	NO	NO
MINNESOTA	NO	NO	NO	NO
MISSISSIPPI	YES	NO	NO	YES
MISSOURI	YES	NO	YES	YES
MONTANA	YES	NO	YES	NO
NEBRASKA	NO	NO	NO	NO
NEVADA	YES	YES	NO	NO
NEW HAMPSHIRE	YES	NO	YES	NO
NEW JERSEY	YES	YES	NO	NO
NEW MEXICO	YES	YES	NO	YES
NEW YORK	YES	YES	NO	YES
NORTH CAROLINA	YES	NO	NO	YES
NORTH DAKOTA	NO	NO	NO	NO
OHIO	NO	NO	NO	NO
OKLAHOMA	YES	NO	YES	YES
OREGON	YES	YES	NO	NO
PENNSYLVANIA	YES	NO	YES	YES
RHODE ISLAND	YES	YES	NO	NO
SOUTH CAROLINA	YES	NO	YES	YES
SOUTH DAKOTA	NO	NO	NO	NO
TENNESSEE	YES	NO	YES	NO
TEXAS	YES	YES	YES	YES
UTAH	NO	NO	NO	NO
VERMONT	YES	NO	NO	YES
VIRGINIA	NO	NO	NO	NO
WASHINGTON	YES	NO	YES	YES
WEST VIRGINIA	NO	NO	NO	NO
WISCONSIN	YES	YES	NO	NO
WYOMING	YES	NO	NO	YES
TOTAL STATES	35	15	14	20

TABLE 28

SUMMARY OF LIMITATIONS ON MANDATORY HOME HEALTH SERVICES: AIDE SERVICES

STATE	LIMITS	PRIOR AUTHORIZATION REQUIRED	LIMITS ON VISITS AND/OR HOURS	HOMEMAKER SERVICES EXCLUDED	OTHER LIMITS
ALABAMA	YES	YES	YES	NO	NO
ALASKA	YES	YES	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	NO
CALIFORNIA	YES	YES	YES	NO	NO
COLORADO	YES	YES	NO	NO	NO
CONNECTICUT	YES	NO	YES	NO	NO
DELAWARE	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	NO	NO
FLORIDA	NO	NO	NO	NO	NO
GEORGIA	YES	NO	YES	NO	NO
HAWAII	NO	NO	NO	NO	NO
IDAHO	YES	NO	YES	NO	NO
ILLINOIS	YES	YES	NO	NO	NO
INDIANA	YES	NO	NO	NO	YES
IOWA	NO	NO	NO	NO	NO
KANSAS	YES	NO	NO	NO	YES
KENTUCKY	YES	NO	NO	YES	YES
LOUISIANA	YES	NO	YES	NO	YES
MAINE	NO	NO	NO	NO	NO
MARYLAND	YES	NO	YES	NO	YES
MASSACHUSETTS	YES	YES	NO	NO	NO
MICHIGAN	NO	NO	NO	NO	NO
MINNESOTA	NO	NO	NO	NO	NO
MISSISSIPPI	YES	NO	NO	NO	YES
MISSOURI	YES	NO	YES	NO	NO
MONTANA	YES	NO	YES	NO	YES
NEBRASKA	YES	YES	NO	NO	YES
NEVADA	YES	YES	NO	NO	NO
NEW HAMPSHIRE	YES	NO	YES	NO	NO
NEW JERSEY	YES	YES	NO	NO	NO
NEW MEXICO	YES	YES	NO	NO	YES
NEW YORK	YES	YES	NO	NO	YES
NORTH CAROLINA	YES	NO	NO	NO	YES
NORTH DAKOTA	NO	NO	NO	NO	NO
OHIO	NO	NO	NO	NO	NO
OKLAHOMA	YES	NO	YES	NO	YES
OREGON	YES	YES	NO	NO	NO
PENNSYLVANIA	YES	NO	YES	NO	YES
RHODE ISLAND	YES	YES	NO	NO	NO
SOUTH CAROLINA	YES	NO	NO	YES	YES
SOUTH DAKOTA	NO	NO	NO	NO	NO
TENNESSEE	YES	NO	YES	NO	NO
TEXAS	YES	YES	YES	NO	YES
UTAH	NO	NO	NO	NO	NO
VERMONT	YES	NO	NO	NO	YES
VIRGINIA	NO	NO	NO	NO	NO
WASHINGTON	YES	NO	YES	YES	NO
WEST VIRGINIA	NO	NO	NO	NO	NO
WISCONSIN	YES	YES	NO	NO	NO
WYOMING	NO	NO	NO	NO	NO
TOTAL STATES	35	16	16	3	16

TABLE 29

SUMMARY OF LIMITATIONS ON MANDATORY HOME HEALTH SERVICES: MEDICAL SUPPLIES/EQUIPMENT

STATE	LIMITS	PRIOR AUTHORIZATION REQUIRED	LIMITS ON QUANTITY OR DOLLARS	RESTRICTED SUPPLY LIST	OTHER LIMITS
ALABAMA	YES	NO	NO	YES	NO
ALASKA	YES	YES	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	NO
CALIFORNIA	YES	YES	YES	NO	YES
COLORADO	YES	YES	NO	NO	NO
CONNECTICUT	NO	NO	NO	NO	NO
DELAWARE	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	NO	YES
FLORIDA	YES	NO	YES	YES	YES
GEORGIA	YES	YES	YES	NO	NO
HAWAII	YES	YES	YES	NO	NO
IDAHO	YES	YES	YES	NO	NO
ILLINOIS	YES	YES	NO	NO	NO
INDIANA	YES	YES	NO	NO	NO
IOWA	YES	NO	NO	NO	YES
KANSAS	YES	NO	NO	NO	YES
KENTUCKY	YES	YES	NO	NO	NO
LOUISIANA	YES	YES	NO	NO	YES
MAINE	NO	NO	NO	NO	NO
MARYLAND	YES	NO	NO	NO	YES
MASSACHUSETTS	YES	YES	NO	NO	YES
MICHIGAN	YES	NO	NO	NO	YES
MINNESOTA	YES	YES	NO	NO	YES
MISSISSIPPI	YES	NO	YES	NO	NO
MISSOURI	YES	NO	NO	NO	YES
MONTANA	YES	YES	NO	NO	YES
NEBRASKA	YES	YES	YES	NO	YES
NEVADA	YES	YES	NO	NO	NO
NEW HAMPSHIRE	YES	YES	NO	NO	NO
NEW JERSEY	YES	YES	NO	NO	NO
NEW MEXICO	YES	YES	NO	NO	NO
NEW YORK	YES	NO	NO	NO	YES
NORTH CAROLINA	YES	NO	NO	NO	YES
NORTH DAKOTA	NO	NO	NO	NO	NO
OHIO	YES	NO	NO	NO	YES
OKLAHOMA	YES	NO	NO	YES	YES
OREGON	YES	YES	NO	NO	NO
PENNSYLVANIA	YES	YES	NO	NO	YES
RHODE ISLAND	YES	YES	NO	NO	NO
SOUTH CAROLINA	YES	YES	NO	NO	NO
SOUTH DAKOTA	YES	NO	NO	YES	NO
TENNESSEE	NO	NO	NO	NO	NO
TEXAS	YES	YES	NO	NO	YES
UTAH	YES	YES	YES	YES	YES
VERMONT	YES	NO	NO	YES	YES
VIRGINIA	YES	YES	NO	YES	NO
WASHINGTON	YES	NO	NO	NO	YES
WEST VIRGINIA	YES	YES	NO	NO	NO
WISCONSIN	YES	NO	NO	NO	YES
WYOMING	YES	NO	NO	NO	YES
TOTAL STATES	44	27	9	7	24

TABLE 30

SUMMARY OF LIMITATIONS ON MANDATORY HOME HEALTH SERVICES: PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH AND HEARING SERVICES

STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	LIMITS ON VISITS	LIMITS ON SERVICES	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	NO	NO
ALASKA	YES	YES	YES	NO	NO	NO
ARKANSAS	YES	YES	NO	NO	YES	NO
CALIFORNIA	YES	YES	YES	NO	YES	NO
COLORADO	YES	YES	YES	NO	NO	NO
CONNECTICUT	YES	NO	NO	NO	NO	NO
DELAWARE	YES	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	NO	NO	NO	YES
FLORIDA	NO	NO	NO	NO	NO	NO
GEORGIA	YES	NO	NO	NO	NO	NO
HAWAII	YES	YES	NO	NO	NO	YES
IDAHO	YES	YES	NO	NO	YES	NO
ILLINOIS	YES	YES	YES	NO	NO	NO
INDIANA	YES	YES	YES	NO	YES	NO
IOWA	YES	YES	NO	NO	NO	YES
KANSAS	YES	YES	NO	NO	NO	YES
KENTUCKY	YES	YES	NO	NO	NO	YES
LOUISIANA	YES	YES	NO	NO	YES	NO
MAINE	NO	NO	NO	NO	NO	NO
MARYLAND	YES	YES	YES	YES	NO	YES
MASSACHUSETTS	YES	YES	NO	NO	NO	YES
MICHIGAN	YES	YES	NO	NO	YES	NO
MINNESOTA	YES	YES	NO	NO	NO	YES
MISSISSIPPI	YES	YES	NO	YES	YES	NO
MISSOURI	YES	YES	NO	NO	YES	YES
MONTANA	YES	YES	NO	YES	YES	NO
NEBRASKA	YES	NO	NO	NO	NO	NO
NEVADA	YES	YES	YES	NO	NO	NO
NEW HAMPSHIRE	YES	YES	NO	YES	NO	NO
NEW JERSEY	YES	YES	YES	NO	NO	NO
NEW MEXICO	YES	YES	YES	NO	NO	YES
NEW YORK	YES	YES	YES	NO	NO	YES
NORTH CAROLINA	YES	YES	NO	NO	YES	NO
NORTH DAKOTA	NO	NO	NO	NO	NO	NO
OHIO	YES	YES	YES	YES	NO	NO
OKLAHOMA	NO	NO	NO	NO	NO	NO
OREGON	YES	YES	YES	NO	NO	NO
PENNSYLVANIA	YES	YES	NO	NO	NO	YES
RHODE ISLAND	YES	YES	YES	NO	YES	NO
SOUTH CAROLINA	YES	YES	NO	NO	YES	NO
SOUTH DAKOTA	YES	YES	NO	NO	YES	NO
TENNESSEE	YES	YES	NO	YES	NO	NO
TEXAS	NO	NO	NO	NO	NO	NO
UTAH	YES	YES	YES	YES	YES	YES
VERMONT	YES	YES	NO	NO	NO	YES
VIRGINIA	YES	YES	NO	NO	YES	NO
WASHINGTON	YES	YES	YES	NO	NO	NO
WEST VIRGINIA	YES	NO	NO	NO	NO	NO
WISCONSIN	YES	YES	YES	NO	NO	YES
WYOMING	YES	YES	NO	NO	NO	YES
TOTAL STATES	44	39	16	7	15	18

TABLE 31

SUMMARY OF LIMITATIONS ON MANDATORY NURSE-MIDWIFE SERVICES*

STATE	PROVIDED	LIMITS
ALABAMA	YES	YES
ALASKA	YES	NO
ARKANSAS	YES	YES
CALIFORNIA	YES	YES
COLORADO	YES	NO
CONNECTICUT	YES	YES
DELAWARE	YES	YES
DIST COLUMBIA	NO	NO
FLORIDA	YES	YES
GEORGIA	YES	YES
HAWAII	YES	YES
IDAHO	YES	NO
ILLINOIS	NO	NO
INDIANA	YES	YES
IOWA	NO	NO
KANSAS	YES	YES
KENTUCKY	YES	YES
LOUISIANA	YES	NO
MAINE	YES	YES
MARYLAND	YES	YES
MASSACHUSETTS	YES	NO
MICHIGAN	YES	YES
MINNESOTA	YES	NO
MISSISSIPPI	YES	YES
MISSOURI	NO	NO
MONTANA	YES	NO
NEBRASKA	YES**	YES
NEVADA	YES	YES
NEW HAMPSHIRE	YES	YES
NEW JERSEY	YES	YES
NEW MEXICO	YES	YES
NEW YORK	YES	NO
NORTH CAROLINA	NO	NO
NORTH DAKOTA	NO	NO
OHIO	YES	YES
OKLAHOMA	YES	YES
OREGON	YES	YES
PENNSYLVANIA	YES	YES
RHODE ISLAND	YES	YES
SOUTH CAROLINA	YES	YES
SOUTH DAKOTA	YES	NO
TENNESSEE	NO	NO
TEXAS	NO	NO
UTAH	YES	YES
VERMONT	YES	NO
VIRGINIA	YES	NO
WASHINGTON	YES	YES
WEST VIRGINIA	YES	NO
WISCONSIN	YES	YES
WYOMING	NO	NO
TOTAL STATES	41	29

* STATE MUST PROVIDE COVERAGE TO THE EXTENT THAT THE NURSE-MIDWIFE IS AUTHORIZED TO PRACTICE UNDER STATE LAW

** REIMBURSED UNDER PHYSICIAN SERVICES

TABLE 32

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: INTERMEDIATE CARE FACILITY SERVICES AND INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED

	INTERMEDIATE CARE FACILITY SERVICES					INTERMEDIATE CARE FACILITY SERVICES FOR MENTALLY RETARDED				
STATE	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	PERIODIC REAUTHOR-IZATION	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	PERIODIC REAUTHOR-IZATION	OTHER LIMITS
ALABAMA	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
ALASKA	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
ARKANSAS	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
CALIFORNIA	YES	YES	YES	YES	NO	YES	YES	YES	YES	NO
COLORADO	YES	YES	YES	YES	NO	YES	YES	YES	YES	NO
CONNECTICUT	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
DELAWARE	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
DIST COLUMBIA	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
FLORIDA	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
GEORGIA	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
HAWAII	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
IDAHO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
ILLINOIS	YES	YES	NO	NO	YES	YES	NO	NO	NO	NO
INDIANA	YES	YES	NO	NO	YES	YES	YES	NO	NO	YES
IOWA	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
KANSAS	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
KENTUCKY	YES	YES	YES	YES	NO	YES	YES	YES	YES	NO
LOUISIANA	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
MAINE	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
MARYLAND	YES	YES	YES	NO	YES	YES	NO	NO	NO	NO
MASSACHUSETTS	YES	YES	YES	NO	YES	YES	NO	NO	NO	NO
MICHIGAN	YES	YES	YES	YES	NO	YES	YES	NO	NO	YES
MINNESOTA	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
MISSISSIPPI	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
MISSOURI	YES	YES	NO	NO	YES	YES	YES	NO	NO	YES
MONTANA	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
NEBRASKA	YES	YES	NO	NO	YES	YES	YES	NO	NO	YES
NEVADA	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
NEW HAMPSHIRE	YES	YES	YES	YES	NO	YES	YES	YES	YES	NO
NEW JERSEY	YES	YES	YES	NO	NO	YES	YES	NO	NO	YES
NEW MEXICO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
NEW YORK	YES	YES	YES	NO	YES	YES	YES	YES	NO	NO
NORTH CAROLINA	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
NORTH DAKOTA	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
OHIO	YES	YES	NO	NO	YES	YES	YES	NO	NO	YES
OKLAHOMA	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
OREGON	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO
PENNSYLVANIA	YES	YES	NO	NO	YES	YES	YES	NO	NO	YES
RHODE ISLAND	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
SOUTH CAROLINA	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
SOUTH DAKOTA	YES	NO	NO	NO	NO	YES	YES	NO	NO	YES
TENNESSEE	YES	YES	NO	NO	YES	YES	NO	NO	NO	NO
TEXAS	YES	YES	NO	NO	YES	YES	YES	NO	NO	YES
UTAH	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
VERMONT	YES	YES	NO	NO	YES	YES	NO	NO	NO	NO
VIRGINIA	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
WASHINGTON	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO
WEST VIRGINIA	YES	YES	YES	YES	NO	YES	YES	YES	YES	NO
WISCONSIN	YES	YES	YES	NO	YES	YES	YES	YES	NO	YES
WYOMING	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	50	22	22	8	14	49	28	19	5	10

TABLE 33

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: INDIVIDUALS 65+ IN TB INSTITUTIONS

STATE	INPATIENT HOSPITAL				SKILLED NURSING FACILITIES				INTERMEDIATE CARE FACILITIES			
	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS
ALABAMA	YES	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO
ALASKA	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO
ARKANSAS	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
CALIFORNIA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
COLORADO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
CONNECTICUT	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
DELAWARE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
FLORIDA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
GEORGIA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
HAWAII	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
IDAHO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
ILLINOIS	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
INDIANA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
IOWA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
KANSAS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
KENTUCKY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
LOUISIANA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MAINE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MARYLAND	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MASSACHUSETTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MICHIGAN	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MINNESOTA	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
MISSISSIPPI	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MONTANA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NEBRASKA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NEVADA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NEW HAMPSHIRE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NEW JERSEY	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
NEW MEXICO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NEW YORK	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NORTH CAROLINA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
OHIO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
OKLAHOMA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
OREGON	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
PENNSYLVANIA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
RHODE ISLAND	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH CAROLINA	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH DAKOTA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
TENNESSEE	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
TEXAS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
UTAH	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
VERMONT	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
VIRGINIA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
WASHINGTON	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
WEST VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
WISCONSIN	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
WYOMING	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	17	6	3	5	7	2	1	2	8	2	1	2

BEST COPY AVAILABLE

TABLE 34

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: INDIVIDUALS 65+ IN MENTAL INSTITUTIONS

	INPATIENT HOSPITAL				SKILLED NURSING FACILITIES				INTERMEDIATE CARE FACILITIES			
STATE	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	YES	YES	YES	NO	YES	YES	YES	NO
ALASKA	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
ARKANSAS	YES	YES	NO	YES	YES	YES	YES	NO	YES	YES	YES	NO
CALIFORNIA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
COLORADO	YES	YES	NO	YES	YES	YES	YES	NO	YES	YES	YES	NO
CONNECTICUT	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
DELAWARE	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO
DIST COLUMBIA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
FLORIDA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
GEORGIA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
HAWAII	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
IDAHO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES
ILLINOIS	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
INDIANA	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
IOWA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
KANSAS	YES	YES	NO	YES	YES	NO	NO	NO	YES	NO	NO	NO
KENTUCKY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
LOUISIANA	YES	YES	NO	YES	YES	NO	NO	NO	YES	NO	NO	NO
MAINE	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
MARYLAND	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
MASSACHUSETTS	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
MICHIGAN	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES
MINNESOTA	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
MISSISSIPPI	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
MONTANA	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
NEBRASKA	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
NEVADA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NEW HAMPSHIRE	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
NEW JERSEY	YES	YES	NO	YES	YES	YES	YES	NO	YES	YES	YES	NO
NEW MEXICO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NEW YORK	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
NORTH CAROLINA	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO
NORTH DAKOTA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
OHIO	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
OKLAHOMA	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
OREGON	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
PENNSYLVANIA	YES	YES	NO	YES	YES	NO	NO	NO	YES	NO	NO	NO
RHODE ISLAND	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH CAROLINA	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH DAKOTA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
TENNESSEE	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
TEXAS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
UTAH	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
VERMONT	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
VIRGINIA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
WASHINGTON	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
WEST VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
WISCONSIN	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
WYOMING	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	41	18	8	14	22	10	7	6	27	13	9	8

BEST COPY AVAILABLE

TABLE 35

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: INDIVIDUALS AGE 21 AND UNDER

	SKILLED NURSING FACILITIES				INPATIENT PSYCHIATRIC			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	YES	YES	YES	NO	YES	YES	NO	YES
ALASKA	YES	YES	YES	NO	YES	NO	NO	NO
ARKANSAS	YES	YES	NO	YES	YES	YES	NO	YES
CALIFORNIA	YES	YES	YES	YES	YES	YES	YES	YES
COLORADO	YES	YES	YES	YES	YES	NO	NO	NO
CONNECTICUT	YES	NO	NO	NO	YES	NO	NO	NO
DELAWARE	YES	NO	NO	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	NO	NO	NO	YES	NO	NO	NO
FLORIDA	NO	NO	NO	NO	NO	NO	NO	NO
GEORGIA	YES	YES	YES	NO	NO	NO	NO	NO
HAWAII	YES	YES	YES	NO	NO	NO	NO	NO
IDAHO	YES	NO	NO	NO	NO	NO	NO	NO
ILLINOIS	YES	NO	NO	NO	YES	NO	NO	NO
INDIANA	YES	YES	NO	YES	YES	YES	YES	NO
IOWA	YES	YES	YES	YES	YES	NO	NO	NO
KANSAS	NO	NO	NO	NO	YES	YES	NO	YES
KENTUCKY	YES	YES	YES	NO	YES	NO	NO	NO
LOUISIANA	YES	NO	NO	NO	YES	NO	NO	NO
MAINE	YES	NO	NO	NO	NO	NO	NO	NO
MARYLAND	YES	YES	YES	YES	YES	YES	YES	YES
MASSACHUSETTS	YES	YES	YES	NO	YES	YES	NO	YES
MICHIGAN	YES	YES	YES	YES	YES	YES	NO	YES
MINNESOTA	YES	NO	NO	NO	YES	NO	NO	NO
MISSISSIPPI	YES	YES	YES	NO	NO	NO	NO	NO
MISSOURI	NO	NO	NO	NO	YES	YES	NO	YES
MONTANA	YES	NO	NO	NO	YES	NO	NO	NO
NEBRASKA	YES	NO	NO	NO	YES	NO	NO	NO
NEVADA	YES	YES	YES	YES	NO	NO	NO	NO
NEW HAMPSHIRE	YES	YES	YES	NO	NO	NO	NO	NO
NEW JERSEY	YES	YES	YES	NO	YES	YES	NO	YES
NEW MEXICO	YES	NO	NO	NO	NO	NO	NO	NO
NEW YORK	YES	YES	YES	YES	YES	YES	NO	YES
NORTH CAROLINA	YES	YES	YES	NO	YES	NO	NO	NO
NORTH DAKOTA	YES	NO	NO	NO	YES	NO	NO	NO
OHIO	YES	YES	NO	YES	YES	YES	NO	YES
OKLAHOMA	YES	YES	YES	NO	YES	NO	NO	NO
OREGON	YES	NO	NO	NO	YES	NO	NO	NO
PENNSYLVANIA	YES	YES	NO	YES	YES	NO	NO	NO
RHODE ISLAND	YES	YES	YES	NO	NO	NO	NO	NO
SOUTH CAROLINA	YES	YES	YES	NO	YES	NO	NO	NO
SOUTH DAKOTA	YES	NO	NO	NO	NO	NO	NO	NO
TENNESSEE	YES	NO	NO	NO	YES	NO	NO	NO
TEXAS	YES	YES	NO	YES	NO	NO	NO	NO
UTAH	YES	NO	NO	NO	YES	NO	NO	NO
VERMONT	YES	YES	YES	YES	YES	NO	NO	NO
VIRGINIA	YES	NO	NO	NO	NO	NO	NO	NO
WASHINGTON	YES	NO	NO	NO	YES	NO	NO	NO
WEST VIRGINIA	YES	YES	YES	NO	YES	NO	NO	NO
WISCONSIN	YES	YES	YES	NO	YES	NO	NO	NO
WYOMING	YES	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	47	28	23	13	35	12	3	11

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SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: PRESCRIBED DRUGS

STATE	PROVIDED	LIMITS ON THE NUMBER\ COST OF PRESCRIPTIONS THAT CAN BE FILLED*	LIMIT ON THE # OF REFILLS*	LIMITS ON QTY OF ANY SINGLE PRESCRIPTION (DAYS)	FEW OR NO OVER THE COUNTER DRUGS COVERED	RESTRICT-IVE FORMULARY STATUS	PRIOR AUTHORIZATION REQUIRED ON CERTAIN LIMITS	OTHER LIMITS
ALABAMA	YES	NO	YES	YES	YES	YES	YES	NO
ALASKA	NO	NO	NO	NO	NO	NO	NO	NO
ARKANSAS	YES	YES	YES	YES	YES	NO	NO	YES
CALIFORNIA	YES	NO	NO	YES	YES	YES	YES	YES
COLORADO	YES	NO	NO	YES	YES	YES	YES	YES
CONNECTICUT	YES	NO	NO	YES	NO	NO	NO	YES
DELAWARE	YES	NO	NO	NO	YES	NO	NO	YES
DIST COLUMBIA	YES	NO	YES	YES	YES	NO	NO	YES
FLORIDA	YES	NO	NO	NO	YES	YES	YES	YES
GEORGIA	YES	YES	NO	YES	YES	YES	YES	NO
HAWAII	YES	NO	NO	YES	YES	YES	YES	NO
IDAHO	YES	NO	NO	YES	YES	NO	NO	YES
ILLINOIS	YES	NO	NO	NO	YES	YES	NO	NO
INDIANA	YES	NO	NO	NO	NO	NO	NO	YES
IOWA	YES	NO	NO	NO	YES	NO	YES	YES
KANSAS	YES	NO	NO	YES	NO	YES	NO	NO
KENTUCKY	YES	NO	YES	NO	YES	YES	NO	YES
LOUISIANA	YES	NO	YES	YES	YES	NO	NO	YES
MAINE	YES	YES	YES	YES	YES	NO	NO	YES
MARYLAND	YES	NO	YES	YES	YES	NO	YES	NO
MASSACHUSETTS	YES	NO	NO	NO	YES	YES	NO	NO
MICHIGAN	YES	NO	YES	YES	YES	YES	YES	YES
MINNESOTA	YES	NO	YES	YES	YES	YES	NO	NO
MISSISSIPPI	YES	YES	YES	NO	YES	YES	NO	NO
MISSOURI	YES	YES	YES	YES	YES	YES	NO	NO
MONTANA	YES	NO	NO	NO	YES	NO	NO	YES
NEBRASKA	YES	NO	NO	NO	NO	YES	NO	YES
NEVADA	YES	YES	YES	YES	YES	NO	NO	YES
NEW HAMPSHIRE	YES	NO	YES	YES	NO	YES	NO	YES
NEW JERSEY	YES	NO	YES	YES	NO	NO	NO	YES
NEW MEXICO	YES	NO	YES	NO	NO	NO	NO	YES
NEW YORK	YES	NO	YES	NO	YES	YES	NO	YES
NORTH CAROLINA	YES	YES	YES	NO	YES	NO	NO	YES
NORTH DAKOTA	YES	NO	YES	NO	NO	NO	NO	YES
OHIO	YES	NO	YES	YES	YES	YES	YES	NO
OKLAHOMA	YES	YES	YES	YES	YES	YES	NO	NO
OREGON	YES	YES	YES	YES	NO	NO	YES	NO
PENNSYLVANIA	YES	NO	YES	YES	NO	NO	YES	NO
RHODE ISLAND	YES	NO	YES	YES	YES	NO	YES	YES
SOUTH CAROLINA	YES	YES	NO	YES	YES	NO	NO	NO
SOUTH DAKOTA	YES	NO	NO	NO	YES	NO	NO	YES
TENNESSEE	YES	YES	YES	YES	YES	YES	NO	NO
TEXAS	YES	YES	YES	YES	YES	YES	NO	YES
UTAH	YES	NO	NO	NO	YES	NO	YES	YES
VERMONT	YES	NO	YES	YES	YES	NO	YES	YES
VIRGINIA	YES	NO	NO	NO	YES	NO	NO	NO
WASHINGTON	YES	NO	NO	YES	NO	YES	NO	YES
WEST VIRGINIA	YES	NO	YES	YES	YES	YES	YES	YES
WISCONSIN	YES	NO	YES	YES	YES	NO	NO	YES
WYOMING	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	46	12	28	31	37	23	16	31

* IN A CERTAIN TIME PERIOD, USUALLY ON A PER MONTH BASIS

BEST COPY AVAILABLE

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SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: CLINIC, EMERGENCY HOSPITAL AND TRANSPORTATION SERVICES

	CLINIC				EMERGENCY HOSPITAL				TRANSPORTATION			
STATE	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	YES	YES	NO	YES	YES	YES	NO	YES
ALASKA	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES	NO
ARKANSAS	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
CALIFORNIA	YES	YES	NO	YES	YES	YES	YES	NO	YES	YES	YES	NO
COLORADO	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES	YES
CONNECTICUT	YES	YES	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO
DELAWARE	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES	YES
DIST COLUMBIA	YES	YES	YES	YES	YES	YES	NO	YES	NO	NO	NO	NO
FLORIDA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES	NO
GEORGIA	YES	YES	NO	YES	NO	NO	NO	NO	YES	YES	NO	YES
HAWAII	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO
IDAHO	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
ILLINOIS	YES	NO	NO	NO	YES	NO	NO	NO	YES	YES	YES	NO
INDIANA	YES	YES	YES	NO	YES	NO	NO	NO	YES	YES	YES	NO
IOWA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
KANSAS	YES	YES	NO	YES	NO	NO	NO	NO	YES	YES	YES	NO
KENTUCKY	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES	NO
LOUISIANA	YES	NO	NO	NO	YES	YES	YES	YES	YES	YES	YES	YES
MAINE	NO	NO	NO	NO	YES	YES	NO	YES	YES	YES	NO	YES
MARYLAND	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES	YES
MASSACHUSETTS	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO
MICHIGAN	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
MINNESOTA	YES	NO	NO	NO	YES	NO	NO	NO	YES	YES	YES	NO
MISSISSIPPI	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
MISSOURI	YES	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO	YES
MONTANA	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES	YES
NEBRASKA	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES	NO	YES
NEVADA	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES	YES
NEW HAMPSHIRE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES
NEW JERSEY	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO
NEW MEXICO	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES
NEW YORK	YES	NO	NO	NO	YES	NO	NO	NO	YES	YES	YES	NO
NORTH CAROLINA	YES	YES	NO	YES	NO	NO	NO	NO	YES	YES	NO	YES
NORTH DAKOTA	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
OHIO	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES
OKLAHOMA	YES	YES	NO	YES	NO	NO	NO	NO	YES	YES	NO	YES
OREGON	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO
PENNSYLVANIA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RHODE ISLAND	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
SOUTH CAROLINA	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES	YES
SOUTH DAKOTA	YES	NO	NO	NO	YES	NO	NO	NO	YES	YES	NO	YES
TENNESSEE	YES	NO	NO	NO	YES	YES	NO	YES	YES	YES	NO	YES
TEXAS	NO	NO	NO	NO	YES	YES	NO	YES	YES	YES	NO	YES
UTAH	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES	YES	YES
VERMONT	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
VIRGINIA	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES	NO
WASHINGTON	YES	NO	NO	NO	YES	NO	NO	NO	YES	YES	YES	NO
WEST VIRGINIA	YES	NO	NO	NO	YES	YES	NO	YES	YES	YES	YES	NO
WISCONSIN	YES	YES	YES	NO	YES	NO	NO	NO	YES	YES	YES	YES
WYOMING	YES	YES	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO
TOTAL STATES	46	37	14	35	42	21	4	20	49	46	29	30

TABLE 38

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: PERSONAL CARE, PRIVATE DUTY NURSING, CHRISTIAN SCIENCE SANITORIA AND CHRISTIAN SCIENCE NURSING SERVICES

	PERSONAL CARE SERVICES				PRIVATE DUTY NURSING			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	NO	NO	NO	NO
ALASKA	NO	NO	NO	NO	NO	NO	NO	NO
ARKANSAS	YES	YES	NO	YES	NO	NO	NO	NO
CALIFORNIA	NO	NO	NO	NO	NO	NO	NO	NO
COLORADO	YES	YES	YES	YES	NO	NO	NO	NO
CONNECTICUT	NO	NO	NO	NO	YES	YES	NO	YES
DELAWARE	NO	NO	NO	NO	YES	YES	NO	YES
DIST COLUMBIA	YES	NO	NO	NO	YES	NO	YES	NO
FLORIDA	NO	NO	NO	NO	NO	NO	NO	NO
GEORGIA	NO	NO	NO	NO	NO	NO	NO	NO
HAWAII	YES	YES	NO	YES	NO	NO	NO	NO
IDAHO	YES	YES	NO	YES	NO	NO	NO	NO
ILLINOIS	NO	NO	NO	NO	YES	YES	YES	NO
INDIANA	NO	NO	NO	NO	YES	YES	NO	YES
IOWA	NO	NO	NO	NO	NO	NO	NO	NO
KANSAS	NO	NO	NO	NO	NO	NO	NO	NO
KENTUCKY	NO	NO	NO	NO	NO	NO	NO	NO
LOUISIANA	NO	NO	NO	NO	NO	NO	NO	NO
MAINE	YES	NO	NO	NO	YES	NO	NO	NO
MARYLAND	YES	YES	YES	YES	NO	NO	NO	NO
MASSACHUSETTS	YES	YES	NO	YES	YES	YES	YES	YES
MICHIGAN	YES	NO	NO	NO	NO	NO	NO	NO
MINNESOTA	YES	YES	NO	YES	YES	YES	NO	YES
MISSISSIPPI	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	YES	YES	NO	YES	NO	NO	NO	NO
MONTANA	YES	YES	NO	YES	YES	YES	YES	YES
NEBRASKA	YES	YES	NO	YES	YES	YES	YES	YES
NEVADA	YES	YES	YES	NO	YES	YES	YES	NO
NEW HAMPSHIRE	YES	YES	NO	YES	YES	YES	YES	YES
NEW JERSEY	YES	YES	YES	YES	NO	NO	NO	NO
NEW MEXICO	NO	NO	NO	NO	NO	NO	NO	NO
NEW YORK	YES	YES	YES	YES	YES	YES	YES	YES
NORTH CAROLINA	NO	NO	NO	NO	NO	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	NO	YES	NO	NO	NO
OHIO	NO	NO	NO	NO	YES	YES	NO	YES
OKLAHOMA	YES	YES	YES	NO	NO	NO	NO	NO
OREGON	YES	YES	YES	NO	YES	YES	YES	NO
PENNSYLVANIA	NO	NO	NO	NO	NO	NO	NO	NO
RHODE ISLAND	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH CAROLINA	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH DAKOTA	YES	YES	NO	YES	NO	NO	NO	NO
TENNESSEE	NO	NO	NO	NO	NO	NO	NO	NO
TEXAS	YES	YES	YES	YES	NO	NO	NO	NO
UTAH	YES	YES	NO	YES	NO	NO	NO	NO
VERMONT	NO	NO	NO	NO	NO	NO	NO	NO
VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO
WASHINGTON	NO	NO	NO	NO	YES	YES	YES	YES
WEST VIRGINIA	NO	NO	NO	NO	YES	YES	YES	NO
WISCONSIN	YES	YES	YES	YES	YES	YES	YES	NO
WYOMING	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	23	20	9	17	19	16	12	11

TABLE 38 (CONTINUED)

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: PERSONAL CARE, PRIVATE DUTY NURSING, CHRISTIAN SCIENCE SANITORIA AND CHRISTIAN SCIENCE NURSING SERVICES

	CHRISTIAN SCIENCE SANITORIA				CHRISTIAN SCIENCE NURSING			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	NO	NO	NO	NO
ALASKA	NO	NO	NO	NO	NO	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	NO	NO	NO	NO
CALIFORNIA	YES	YES	YES	YES	NO	NO	NO	NO
COLORADO	NO	NO	NO	NO	NO	NO	NO	NO
CONNECTICUT	YES	NO	NO	NO	NO	NO	NO	NO
DELAWARE	NO	NO	NO	NO	NO	NO	NO	NO
DIST COLUMBIA	NO	NO	NO	NO	NO	NO	NO	NO
FLORIDA	YES	NO	NO	NO	NO	NO	NO	NO
GEORGIA	NO	NO	NO	NO	NO	NO	NO	NO
HAWAII	NO	NO	NO	NO	NO	NO	NO	NO
IDAHO	NO	NO	NO	NO	NO	NO	NO	NO
ILLINOIS	YES	NO	NO	NO	NO	NO	NO	NO
INDIANA	YES	NO	NO	NO	YES	NO	NO	NO
IOWA	NO	NO	NO	NO	NO	NO	NO	NO
KANSAS	NO	NO	NO	NO	NO	NO	NO	NO
KENTUCKY	NO	NO	NO	NO	NO	NO	NO	NO
LOUISIANA	NO	NO	NO	NO	NO	NO	NO	NO
MAINE	YES	NO	NO	NO	YES	NO	NO	NO
MARYLAND	NO	NO	NO	NO	NO	NO	NO	NO
MASSACHUSETTS	YES	NO	NO	NO	YES	NO	NO	NO
MICHIGAN	YES	YES	NO	YES	NO	NO	NO	NO
MINNESOTA	YES	NO	NO	NO	NO	NO	NO	NO
MISSISSIPPI	YES	YES	NO	YES	NO	NO	NO	NO
MISSOURI	NO	NO	NO	NO	NO	NO	NO	NO
MONTANA	NO	NO	NO	NO	NO	NO	NO	NO
NEBRASKA	NO	NO	NO	NO	NO	NO	NO	NO
NEVADA	NO	NO	NO	NO	NO	NO	NO	NO
NEW HAMPSHIRE	YES	NO	NO	NO	YES	NO	NO	NO
NEW JERSEY	YES	YES	NO	YES	NO	NO	NO	NO
NEW MEXICO	NO	NO	NO	NO	NO	NO	NO	NO
NEW YORK	NO	NO	NO	NO	NO	NO	NO	NO
NORTH CAROLINA	NO	NO	NO	NO	NO	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	NO	NO	NO	NO	NO
OHIO	YES	YES	NO	YES	NO	NO	NO	NO
OKLAHOMA	NO	NO	NO	NO	NO	NO	NO	NO
OREGON	YES	YES	NO	YES	NO	NO	NO	NO
PENNSYLVANIA	NO	NO	NO	NO	NO	NO	NO	NO
RHODE ISLAND	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH CAROLINA	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH DAKOTA	NO	NO	NO	NO	NO	NO	NO	NO
TENNESSEE	YES	YES	NO	YES	NO	NO	NO	NO
TEXAS	YES	YES	NO	YES	NO	NO	NO	NO
UTAH	NO	NO	NO	NO	NO	NO	NO	NO
VERMONT	NO	NO	NO	NO	NO	NO	NO	NO
VIRGINIA	YES	NO	NO	NO	NO	NO	NO	NO
WASHINGTON	NO	NO	NO	NO	NO	NO	NO	NO
WEST VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO
WISCONSIN	YES	YES	NO	YES	YES	YES	NO	YES
WYOMING	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	18	9	1	9	5	1	0	1

TABLE 39

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: OPTOMETRISTS' SERVICES, EYEGLASSES, DENTAL SERVICES AND DENTURES

	OPTOMETRISTS' SERVICES				EYEGLASSES			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	YES	YES	YES	YES	YES	YES	YES	YES
ALASKA	YES	NO	NO	NO	YES	YES	YES	NO
ARKANSAS	YES	YES	YES	YES	YES	YES	YES	NO
CALIFORNIA	YES	YES	NO	YES	YES	YES	NO	YES
COLORADO	YES	YES	NO	YES	YES	YES	YES	YES
CONNECTICUT	YES	YES	NO	YES	YES	YES	NO	YES
DELAWARE	YES	YES	NO	YES	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	YES	YES	YES	YES	YES
FLORIDA	YES	NO	NO	NO	YES	YES	NO	YES
GEORGIA	YES	YES	YES	YES	YES	YES	YES	YES
HAWAII	YES	YES	NO	YES	YES	YES	YES	NO
IDAHO	YES	YES	NO	YES	NO	NO	NO	NO
ILLINOIS	YES	YES	NO	YES	YES	YES	YES	YES
INDIANA	YES	YES	YES	NO	YES	YES	YES	NO
IOWA	YES	YES	YES	YES	YES	YES	YES	YES
KANSAS	YES	YES	NO	YES	YES	YES	NO	YES
KENTUCKY	YES	YES	YES	YES	YES	YES	YES	YES
LOUISIANA	YES	YES	NO	YES	YES	YES	YES	YES
MAINE	YES	YES	NO	YES	YES	YES	NO	YES
MARYLAND	YES	YES	YES	YES	YES	YES	YES	YES
MASSACHUSETTS	YES	YES	NO	YES	YES	YES	NO	YES
MICHIGAN	YES	YES	YES	YES	YES	YES	YES	YES
MINNESOTA	YES	YES	YES	YES	YES	YES	YES	YES
MISSISSIPPI	YES	YES	NO	YES	YES	YES	NO	YES
MISSOURI	YES	YES	YES	YES	YES	YES	NO	YES
MONTANA	YES	YES	YES	YES	YES	YES	NO	YES
NEBRASKA	YES	YES	YES	NO	YES	YES	YES	NO
NEVADA	YES	YES	YES	YES	YES	YES	NO	YES
NEW HAMPSHIRE	YES	YES	NO	YES	YES	YES	NO	YES
NEW JERSEY	YES	YES	YES	YES	YES	YES	YES	NO
NEW MEXICO	YES	YES	YES	NO	YES	YES	YES	YES
NEW YORK	YES	NO	NO	NO	YES	YES	YES	NO
NORTH CAROLINA	YES	YES	NO	YES	YES	YES	YES	YES
NORTH DAKOTA	YES	NO	NO	NO	YES	YES	NO	YES
OHIO	YES	YES	YES	YES	YES	YES	YES	YES
OKLAHOMA	YES	YES	NO	YES	YES	YES	NO	YES
OREGON	YES	YES	YES	YES	YES	YES	YES	YES
PENNSYLVANIA	YES	YES	NO	YES	YES	YES	NO	YES
RHODE ISLAND	YES	YES	YES	NO	YES	YES	YES	YES
SOUTH CAROLINA	YES	YES	YES	YES	YES	YES	NO	YES
SOUTH DAKOTA	NO	NO	NO	NO	NO	NO	NO	NO
TENNESSEE	NO	NO	NO	NO	YES	YES	NO	YES
TEXAS	YES	YES	NO	YES	YES	YES	NO	YES
UTAH	YES	YES	YES	YES	YES	YES	YES	YES
VERMONT	YES	YES	YES	YES	YES	YES	YES	YES
VIRGINIA	YES	YES	YES	NO	YES	YES	YES	NO
WASHINGTON	YES	YES	NO	YES	YES	YES	NO	YES
WEST VIRGINIA	YES	YES	YES	YES	YES	YES	NO	YES
WISCONSIN	YES	YES	YES	YES	YES	YES	YES	YES
WYOMING	YES	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	48	43	25	38	46	46	27	38

TABLE 39 (CONTINUED)

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: OPTOMETRISTS' SERVICES, EYEGLASSES, DENTAL SERVICES AND DENTURES

	DENTAL SERVICES				DENTURES			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	NO	NO	NO	NO
ALASKA	YES	YES	NO	YES	NO	NO	NO	NO
ARKANSAS	YES	YES	NO	YES	YES	YES	YES	YES
CALIFORNIA	YES	YES	YES	YES	YES	YES	NO	YES
COLORADO	YES	YES	YES	YES	YES	YES	NO	YES
CONNECTICUT	YES	YES	NO	YES	YES	YES	NO	YES
DELAWARE	NO	NO	NO	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	YES	YES	YES	YES	YES
FLORIDA	YES	YES	YES	YES	YES	YES	YES	YES
GEORGIA	YES	YES	NO	YES	YES	YES	YES	YES
HAWAII	YES	YES	YES	YES	YES	YES	YES	YES
IDAHO	NO	NO	NO	NO	NO	NO	NO	NO
ILLINOIS	YES	YES	YES	YES	YES	YES	YES	YES
INDIANA	YES	YES	YES	NO	YES	YES	YES	NO
IOWA	YES	YES	YES	YES	YES	YES	YES	YES
KANSAS	YES	YES	YES	YES	YES	YES	YES	YES
KENTUCKY	YES	YES	NO	YES	NO	NO	NO	NO
LOUISIANA	YES	YES	NO	YES	YES	YES	YES	YES
MAINE	YES	YES	YES	YES	YES	YES	NO	YES
MARYLAND	YES	YES	YES	YES	YES	YES	YES	NO
MASSACHUSETTS	YES	YES	YES	YES	YES	YES	YES	YES
MICHIGAN	YES	YES	NO	YES	YES	YES	YES	YES
MINNESOTA	YES	YES	YES	YES	YES	YES	YES	YES
MISSISSIPPI	YES	YES	NO	YES	NO	NO	NO	NO
MISSOURI	YES	YES	YES	YES	YES	YES	YES	NO
MONTANA	YES	YES	YES	YES	YES	YES	YES	YES
NEBRASKA	YES	YES	YES	YES	YES	YES	YES	YES
NEVADA	YES	YES	YES	YES	YES	YES	YES	NO
NEW HAMPSHIRE	YES	YES	NO	YES	NO	NO	NO	NO
NEW JERSEY	YES	YES	YES	YES	YES	YES	YES	NO
NEW MEXICO	YES	YES	YES	YES	YES	YES	YES	YES
NEW YORK	YES	YES	YES	NO	YES	YES	YES	NO
NORTH CAROLINA	YES	YES	YES	YES	YES	YES	YES	YES
NORTH DAKOTA	YES	YES	YES	NO	YES	NO	NO	NO
OHIO	YES	YES	YES	YES	YES	YES	YES	NO
OKLAHOMA	YES	YES	YES	YES	NO	NO	NO	NO
OREGON	YES	YES	YES	YES	YES	YES	YES	NO
PENNSYLVANIA	YES	YES	NO	YES	YES	YES	NO	YES
RHODE ISLAND	YES	YES	YES	YES	YES	YES	YES	NO
SOUTH CAROLINA	YES	YES	NO	YES	YES	YES	NO	YES
SOUTH DAKOTA	YES	YES	NO	YES	YES	YES	NO	YES
TENNESSEE	YES	YES	NO	YES	NO	NO	NO	NO
TEXAS	NO	NO	NO	NO	NO	NO	NO	NO
UTAH	YES	YES	YES	YES	YES	YES	YES	NO
VERMONT	YES	YES	NO	YES	YES	YES	NO	YES
VIRGINIA	YES	YES	YES	YES	NO	NO	NO	NO
WASHINGTON	YES	YES	NO	YES	YES	YES	YES	NO
WEST VIRGINIA	YES	YES	YES	YES	YES	YES	YES	YES
WISCONSIN	YES	YES	YES	YES	YES	YES	YES	NO
WYOMING	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	45	45	30	42	38	37	29	25

TABLE 40

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: PODIATRISTS' SERVICES, CHIROPRACTORS' SERVICES OTHER PRACTITIONERS' SERVICES, AND PROSTHETIC DEVICES

	PODIATRISTS' SERVICES				CHIROPRACTORS' SERVICES			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	NO	NO	NO	NO
ALASKA	NO	NO	NO	NO	NO	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	YES	YES	NO	YES
CALIFORNIA	YES	YES	YES	NO	YES	YES	NO	YES
COLORADO	YES	YES	NO	YES	NO	NO	NO	NO
CONNECTICUT	YES	YES	NO	YES	YES	YES	NO	YES
DELAWARE	YES	YES	NO	YES	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	YES	NO	NO	NO	NO
FLORIDA	YES	YES	NO	YES	NO	NO	NO	NO
GEORGIA	YES	YES	YES	YES	NO	NO	NO	NO
HAWAII	YES	YES	YES	YES	NO	NO	NO	NO
IDAHO	YES	YES	NO	YES	YES	YES	NO	YES
ILLINOIS	YES	YES	YES	YES	YES	YES	YES	YES
INDIANA	YES	YES	YES	NO	YES	YES	YES	NO
IOWA	YES	YES	NO	YES	YES	YES	NO	YES
KANSAS	YES	YES	NO	YES	YES	YES	NO	YES
KENTUCKY	YES	YES	NO	YES	NO	NO	NO	NO
LOUISIANA	NO	NO	NO	NO	NO	NO	NO	NO
MAINE	YES	YES	NO	YES	YES	YES	NO	YES
MARYLAND	YES	YES	YES	YES	NO	NO	NO	NO
MASSACHUSETTS	YES	YES	NO	YES	YES	YES	YES	YES
MICHIGAN	YES	YES	NO	YES	YES	YES	NO	YES
MINNESOTA	YES	YES	NO	YES	YES	YES	YES	YES
MISSISSIPPI	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	YES	YES	NO	YES	NO	NO	NO	NO
MONTANA	YES	NO	NO	NO	NO	NO	NO	NO
NEBRASKA	YES	YES	YES	YES	YES	NO	NO	NO
NEVADA	YES	YES	YES	NO	YES	YES	NO	YES
NEW HAMPSHIRE	YES	YES	NO	YES	YES	YES	NO	YES
NEW JERSEY	YES	YES	YES	NO	YES	YES	NO	YES
NEW MEXICO	YES	YES	YES	YES	NO	NO	NO	NO
NEW YORK	YES	YES	YES	YES	NO	NO	NO	NO
NORTH CAROLINA	YES	YES	NO	YES	YES	YES	NO	YES
NORTH DAKOTA	YES	NO	NO	NO	YES	NO	NO	NO
OHIO	YES	YES	NO	YES	YES	YES	NO	YES
OKLAHOMA	YES	YES	NO	YES	NO	NO	NO	NO
OREGON	YES	YES	YES	NO	YES	YES	NO	YES
PENNSYLVANIA	YES	YES	NO	YES	YES	YES	NO	YES
RHODE ISLAND	YES	YES	YES	YES	NO	NO	NO	NO
SOUTH CAROLINA	YES	YES	NO	YES	NO	NO	NO	NO
SOUTH DAKOTA	NO	NO	NO	NO	YES	YES	NO	YES
TENNESSEE	NO	NO	NO	NO	NO	NO	NO	NO
TEXAS	YES	NO	NO	NO	YES	YES	NO	YES
UTAH	YES	YES	YES	YES	NO	NO	NO	NO
VERMONT	YES	YES	NO	YES	YES	YES	NO	YES
VIRGINIA	YES	YES	NO	YES	NO	NO	NO	NO
WASHINGTON	YES	YES	NO	YES	YES	YES	NO	YES
WEST VIRGINIA	YES	NO	NO	NO	YES	YES	NO	YES
WISCONSIN	NO	NO	NO	NO	YES	YES	YES	YES
WYOMING	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	41	37	15	32	27	25	5	24

TABLE 40 (CONTINUED)

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: PODIATRISTS' SERVICES, CHIROPRACTORS' SERVICES, OTHER PRACTITIONERS' SERVICES, AND PROSTHETIC DEVICES

	OTHER PRACTITIONERS' SERVICES				PROSTHETIC DEVICES			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	YES	YES	YES	YES
ALASKA	NO	NO	NO	NO	YES	YES	YES	NO
ARKANSAS	YES	YES	NO	YES	YES	YES	YES	YES
CALIFORNIA	YES	YES	NO	YES	YES	YES	YES	YES
COLORADO	NO	NO	NO	NO	YES	YES	NO	YES
CONNECTICUT	YES	YES	NO	YES	YES	YES	NO	YES
DELAWARE	YES	YES	NO	YES	YES	YES	NO	YES
DIST COLUMBIA	YES	YES	NO	YES	YES	YES	YES	YES
FLORIDA	YES	YES	NO	YES	YES	YES	NO	YES
GEORGIA	YES	YES	NO	YES	YES	YES	NO	YES
HAWAII	YES	YES	YES	YES	YES	YES	YES	YES
IDAHO	YES	YES	NO	YES	NO	NO	NO	NO
ILLINOIS	YES	YES	NO	YES	YES	YES	YES	NO
INDIANA	NO	NO	NO	NO	YES	YES	YES	NO
IOWA	YES	YES	NO	YES	YES	YES	NO	YES
KANSAS	YES	YES	NO	YES	YES	YES	NO	YES
KENTUCKY	YES	NO	NO	NO	YES	YES	YES	YES
LOUISIANA	NO	NO	NO	NO	YES	YES	YES	NO
MAINE	YES	YES	NO	YES	YES	NO	NO	NO
MARYLAND	NO	NO	NO	NO	YES	YES	NO	YES
MASSACHUSETTS	YES	YES	NO	YES	YES	YES	YES	YES
MICHIGAN	YES	YES	NO	YES	YES	YES	YES	YES
MINNESOTA	YES	YES	NO	YES	YES	YES	YES	NO
MISSISSIPPI	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	NO	NO	NO	NO	YES	YES	YES	YES
MONTANA	YES	YES	NO	YES	YES	YES	YES	YES
NEBRASKA	YES	YES	NO	YES	YES	YES	YES	NO
NEVADA	YES	YES	NO	YES	YES	YES	YES	YES
NEW HAMPSHIRE	YES	YES	NO	YES	YES	YES	YES	NO
NEW JERSEY	YES	YES	YES	YES	YES	YES	YES	YES
NEW MEXICO	YES	YES	YES	YES	YES	YES	YES	NO
NEW YORK	YES	NO	NO	NO	YES	YES	YES	NO
NORTH CAROLINA	NO	NO	NO	NO	NO	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	NO	YES	NO	NO	NO
OHIO	YES	YES	YES	YES	YES	YES	YES	NO
OKLAHOMA	YES	YES	NO	YES	YES	YES	NO	YES
OREGON	YES	YES	NO	YES	YES	YES	YES	NO
PENNSYLVANIA	NO	NO	NO	NO	YES	YES	YES	YES
RHODE ISLAND	NO	NO	NO	NO	YES	YES	YES	NO
SOUTH CAROLINA	NO	NO	NO	NO	YES	YES	YES	NO
SOUTH DAKOTA	NO	NO	NO	NO	YES	YES	NO	YES
TENNESSEE	NO	NO	NO	NO	YES	YES	YES	NO
TEXAS	YES	YES	YES	YES	YES	YES	YES	YES
UTAH	YES	YES	YES	YES	YES	YES	YES	YES
VERMONT	YES	YES	NO	YES	YES	YES	NO	YES
VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO
WASHINGTON	YES	YES	NO	YES	YES	YES	YES	YES
WEST VIRGINIA	YES	YES	YES	YES	YES	YES	YES	NO
WISCONSIN	YES	YES	YES	YES	YES	YES	YES	NO
WYOMING	NO	NO	NO	NO	YES	YES	NO	YES
TOTAL STATES	33	31	8	31	46	44	32	28

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SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: PHYSICAL THERAPY AND OTHER RELATED SERVICES

STATE	PHYSICAL THERAPY				OCCUPATIONAL THERAPY				SPEECH, HEARING AND LANGUAGE			
	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHOR-IZATION REQUIRED	OTHER LIMITS
ALABAMA	YES	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO	YES
ALASKA	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
CALIFORNIA	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES
COLORADO	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
CONNECTICUT	YES	YES	NO	YES	NO	NO	NO	NO	YES	YES	NO	YES
DELAWARE	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
DIST COLUMBIA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
FLORICA	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES
GEORGIA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
HAWAII	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IDAHO	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
ILLINOIS	YES	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO
INDIANA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IOWA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
KANSAS	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
KENTUCKY	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
LOUISIANA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MAINE	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
MARYLAND	YES	YES	YES	YES	NO	NO	NO	NO	YES	YES	YES	YES
MASSACHUSETTS	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
MICHIGAN	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MINNESOTA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
MISSISSIPPI	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MONTANA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
NEBRASKA	YES	YES	NO	YES	NO	NO	NO	NO	YES	YES	NO	YES
NEVADA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NEW HAMPSHIRE	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
NEW JERSEY	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NEW MEXICO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NEW YORK	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NORTH CAROLINA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
NORTH DAKOTA	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO
OHIO	YES	YES	YES	NO	YES	YES	NO	YES	YES	YES	NO	YES
OKLAHOMA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
OREGON	YES	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES
PENNSYLVANIA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
RHODE ISLAND	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH CAROLINA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH DAKOTA	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
TENNESSEE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
TEXAS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
UTAH	YES	YES	YES	YES	NO	NO	NO	NO	YES	YES	YES	NO
VERMONT	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
VIRGINIA	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO	YES
WASHINGTON	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES
WEST VIRGINIA	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	YES	NO
WISCONSIN	YES	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	NO
WYOMING	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	36	34	17	27	27	25	12	22	34	32	15	28

TABLE 42

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: DIAGNOSTIC, SCREENING PREVENTIVE, AND REHABILITATIVE SERVICES

	DIAGNOSTIC SERVICES				SCREENING SERVICES			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	NO	NO	NO	NO
ALASKA	NO	NO	NO	NO	NO	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	NO	NO	NO	NO
CALIFORNIA	YES	YES	NO	YES	YES	YES	NO	YES
COLORADO	NO	NO	NO	NO	NO	NO	NO	NO
CONNECTICUT	YES	YES	NO	YES	YES	YES	NO	YES
DELAWARE	YES	YES	NO	YES	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	YES	NO	YES	YES	NO	YES
FLORIDA	NO	NO	NO	NO	NO	NO	NO	NO
GEORGIA	NO	NO	NO	NO	NO	NO	NO	NO
HAWAII	YES	YES	YES	NO	YES	NO	NO	NO
IDAHO	NO	NO	NO	NO	NO	NO	NO	NO
ILLINOIS	YES	NO	NO	NO	NO	NO	NO	NO
INDIANA	YES	NO	NO	NO	YES	YES	NO	YES
IOWA	NO	NO	NO	NO	NO	NO	NO	NO
KANSAS	NO	NO	NO	NO	NO	NO	NO	NO
KENTUCKY	NO	NO	NO	NO	NO	NO	NO	NO
LOUISIANA	NO	NO	NO	NO	NO	NO	NO	NO
MAINE	YES	YES	NO	YES	NO	NO	NO	NO
MARYLAND	NO	NO	NO	NO	NO	NO	NO	NO
MASSACHUSETTS	YES	NO	NO	NO	YES	NO	NO	NO
MICHIGAN	YES	YES	NO	YES	NO	NO	NO	NO
MINNESOTA	YES	NO	NO	NO	YES	NO	NO	NO
MISSISSIPPI	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	NO	NO	NO	NO	NO	NO	NO	NO
MONTANA	YES	NO	NO	NO	YES	NO	NO	NO
NEBRASKA	NO	NO	NO	NO	NO	NO	NO	NO
NEVADA	NO	NO	NO	NO	NO	NO	NO	NO
NEW HAMPSHIRE	YES	YES	NO	YES	YES	YES	NO	YES
NEW JERSEY	YES	NO	NO	NO	YES	NO	NO	NO
NEW MEXICO	NO	NO	NO	NO	NO	NO	NO	NO
NEW YORK	YES	NO	NO	NO	YES	NO	NO	NO
NORTH CAROLINA	YES	YES	NO	YES	YES	YES	NO	YES
NORTH DAKOTA	YES	NO	NO	NO	YES	NO	NO	NO
OHIO	NO	NO	NO	NO	NO	NO	NO	NO
OKLAHOMA	NO	NO	NO	NO	NO	NO	NO	NO
OREGON	YES	NO	NO	NO	YES	YES	NO	YES
PENNSYLVANIA	NO	NO	NO	NO	NO	NO	NO	NO
RHODE ISLAND	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH CAROLINA	YES	YES	NO	YES	YES	YES	NO	YES
SOUTH DAKOTA	NO	NO	NO	NO	NO	NO	NO	NO
TENNESSEE	NO	NO	NO	NO	NO	NO	NO	NO
TEXAS	NO	NO	NO	NO	NO	NO	NO	NO
UTAH	NO	NO	NO	NO	NO	NO	NO	NO
VERMONT	NO	NO	NO	NO	NO	NO	NO	NO
VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO
WASHINGTON	YES	YES	YES	YES	NO	NO	NO	NO
WEST VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO
WISCONSIN	YES	NO	NO	NO	YES	NO	NO	NO
WYOMING	NO	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	21	11	3	9	16	8	0	8

TABLE 42 (CONTINUED)

SUMMARY OF LIMITATIONS ON OPTIONAL SERVICES: DIAGNOSTIC, SCREENING PREVENTIVE, AND REHABILITATIVE SERVICES

	PREVENTIVE SERVICES				REHABILITATIVE SERVICES			
STATE	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS	PROVIDED	LIMITS	PRIOR AUTHORIZATION REQUIRED	OTHER LIMITS
ALABAMA	NO	NO	NO	NO	NO	NO	NO	NO
ALASKA	NO	NO	NO	NO	NO	NO	NO	NO
ARKANSAS	NO	NO	NO	NO	YES	YES	YES	YES
CALIFORNIA	YES	YES	NO	YES	YES	YES	YES	YES
COLORADO	NO	NO	NO	NO	NO	NO	NO	NO
CONNECTICUT	YES	YES	NO	YES	YES	YES	NO	YES
DELAWARE	NO	NO	NO	NO	YES	YES	NO	YES
DIST COLUMBIA	YES	YES	YES	NO	YES	YES	YES	NO
FLORIDA	NO	NO	NO	NO	YES	YES	NO	YES
GEORGIA	NO	NO	NO	NO	NO	NO	NO	NO
HAWAII	YES	NO	NO	NO	YES	NO	NO	NO
IDAHO	NO	NO	NO	NO	YES	YES	NO	YES
ILLINOIS	YES	YES	NO	YES	YES	YES	YES	NO
INDIANA	YES	NO	NO	NO	YES	YES	YES	NO
IOWA	NO	NO	NO	NO	YES	NO	NO	NO
KANSAS	NO	NO	NO	NO	NO	NO	NO	NO
KENTUCKY	NO	NO	NO	NO	NO	NO	NO	NO
LOUISIANA	NO	NO	NO	NO	YES	YES	YES	NO
MAINE	YES	YES	NO	YES	YES	YES	NO	YES
MARYLAND	NO	NO	NO	NO	NO	NO	NO	NO
MASSACHUSETTS	YES	NO	NO	NO	YES	NO	NO	NO
MICHIGAN	NO	NO	NO	NO	NO	NO	NO	NO
MINNESOTA	YES	NO	NO	NO	YES	YES	YES	NO
MISSISSIPPI	NO	NO	NO	NO	NO	NO	NO	NO
MISSOURI	NO	NO	NO	NO	YES	YES	NO	YES
MONTANA	YES	NO	NO	NO	YES	NO	NO	NO
NEBRASKA	NO	NO	NO	NO	NO	NO	NO	NO
NEVADA	NO	NO	NO	NO	NO	NO	NO	NO
NEW HAMPSHIRE	YES	YES	NO	YES	YES	YES	NO	YES
NEW JERSEY	YES	NO	NO	NO	YES	YES	YES	YES
NEW MEXICO	NO	NO	NO	NO	YES	YES	YES	NO
NEW YORK	YES	NO	NO	NO	YES	YES	YES	YES
NORTH CAROLINA	YES	YES	NO	YES	YES	YES	NO	YES
NORTH DAKOTA	YES	NO	NO	NO	YES	NO	NO	NO
OHIO	NO	NO	NO	NO	YES	YES	NO	YES
OKLAHOMA	NO	NO	NO	NO	YES	YES	NO	YES
OREGON	YES	YES	NO	YES	YES	YES	YES	NO
PENNSYLVANIA	NO	NO	NO	NO	NO	NO	NO	NO
RHODE ISLAND	NO	NO	NO	NO	NO	NO	NO	NO
SOUTH CAROLINA	YES	YES	NO	YES	YES	YES	NO	YES
SOUTH DAKOTA	NO	NO	NO	NO	NO	NO	NO	NO
TENNESSEE	NO	NO	NO	NO	NO	NO	NO	NO
TEXAS	NO	NO	NO	NO	YES	YES	NO	YES
UTAH	NO	NO	NO	NO	NO	NO	NO	NO
VERMONT	NO	NO	NO	NO	NO	NO	NO	NO
VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO
WASHINGTON	YES	YES	NO	YES	YES	YES	YES	YES
WEST VIRGINIA	NO	NO	NO	NO	NO	NO	NO	NO
WISCONSIN	YES	NO	NO	NO	YES	NO	NO	NO
WYOMING	NO	NO	NO	NO	YES	YES	NO	YES
TOTAL STATES	19	10	1	9	31	25	12	18

BEST COPY AVAILABLE

TABLE 44

MEDICALLY NEEDY: MANDATORY AND OPTIONAL SERVICE LIMITATIONS

STATES	MANDATORY SERVICES	LIMITATIONS
1. ARKANSAS	Skilled Nursing Facilities	Not Provided
2. IOWA	Skilled Nursing Facilities	Not Provided
3. LOUISIANA	Skilled Nursing Facilities	Not Provided
4. OREGON	Outpatient Hospital	More Restrictive
5. PENNSYLVANNIA	Home Health Services	More Restrictive
6. RHODE ISLAND	Outpatient Hospital	More Restrictive
7. TENNESSEE	Skilled Nursing Facilities	Not Provided
8. WISCONSIN	Outpatient Hospital	More Restrictive

STATES	OPTIONAL SERVICES	LIMITATIONS
1. ARKANSAS	Intermediate Care Facilities	Not Provided
	ICFs/MR	Not Provided
	Inpatient TB Facilities	Not Provided
	SNF TB Facilities	Not Provided
	ICF TB Facilities	Not Provided
	SNF Mental Facilities	Not Provided
	ICF Mental Facilities	Not Provided
	SNF Srvs Under 21	Not Provided
	Personal Care	Not Provided
2. IOWA	Intermediate Care Facilities	Not Provided
	Inpatient Mental Facilities	Not Provided
	SNF Mental Facilities	Not Provided
	ICF Mental Facilities	Not Provided
	Inpatient Psch. Facilities	Not Provided
3. LOUISIANA	Intermediate Care Facilities	Not Provided
	ICFs/MR	Not Provided
	Inpatient TB Facilities	Not Provided
	Inpatient Mental Facilities	Not Provided
	SNF Mental Facilities	Not Provided
	ICF Mental Facilities	Not Provided
	SNF Srvs Under 21	Not Provided
	Inpatient Psch. Facilities	Not Provided
4. MAINE	ICF Mental Facilities	Not Provided
	Emergency Services	Not Provided
	Other Practitioners	Not Provided
5. NEW HAMPSHIRE	ICF Mental Facilities	More Restrictive
6. OKLAHOMA	Rehabilitative Services	More Restrictive
7. OREGON	SEE FOOTNOTE*	
8. PENNSYLVANNIA	Dental Services	More Restrictive
	Dentures	More Restrictive
	Prosthetic Devices	More Restrictive
	Drugs	More Restrictive
9. RHODE ISLAND	Transportation	More Restrictive
	Optometrist	More Restrictive
	Podiatrist	Not Provided
	Prosthetic Devices	More Restrictive
10. TENNESSEE	Intermediate Care Facilities	Not Provided
	ICFs/MR	Not Provided
	Inpatient TB Facilities	Not Provided
	SNF TB Facilities	Not Provided
	ICF TB Facilities	Not Provided
	Inpatient Mental Facilities	Not Provided
	SNF Mental Facilities	Not Provided
	ICF Mental Facilities	Not Provided
11. WASHINGTON	Chiropractor	Not Provided
	Prosthetic Devices	More Restrictive
	Rehabitative Services	More Restrictive
12. WISCONSIN	Private Duty Nursing	Not Provided
	Optometrist	Not Provided
	Dental Services	Not Provided
	Chiropractor	Not Provided
	Drugs	More Restrictive

* LIMITS SERVICES FOR MEDICALLY NEEDY PREGNANT WOMEN TO PRENATAL & DELIVERY ONLY

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SUMMARY OF LIMITATIONS ON SERVICES TO THE MEDICALLY NEEDY
BEYOND THE LIMITATIONS FOR THE CATEGORICALLY NEEDY

STATE	MEDICALLY NEEDY PROGRAM	COVERAGE SAME AS CATEGORICALLY NEEDY FOR ALL MANDATORY SERVICES	COVERAGE SAME AS CATEGORICALLY NEEDY FOR ALL OPTIONAL SERVICES
ALABAMA	NO	NO	NO
ALASKA	NO	NO	NO
ARKANSAS	YES	NO	NO
CALIFORNIA	YES	YES	YES
COLORADO	NO	NO	NO
CONNECTICUT	YES	YES	YES
DELAWARE	NO	NO	NO
DIST COLUMBIA	YES	YES	YES
FLORIDA	NO	NO	NO
GEORGIA	YES	YES	YES
HAWAII	YES	YES	YES
IDAHO	NO	NO	NO
ILLINOIS	YES	YES	YES
INDIANA	NO	NO	NO
IOWA	YES	NO	NO
KANSAS	YES	YES	YES
KENTUCKY	YES	YES	YES
LOUISIANA	YES	NO	NO
MAINE	YES	YES	NO
MARYLAND	YES	YES	YES
MASSACHUSETTS	YES	YES	YES
MICHIGAN	YES	YES	YES
MINNESOTA	YES	YES	YES
MISSISSIPPI	NO	NO	NO
MISSOURI	NO	NO	NO
MONTANA	YES	YES	YES
NEBRASKA	YES	YES	YES
NEVADA	NO	NO	NO
NEW HAMPSHIRE	YES	YES	NO
NEW JERSEY	NO	NO	NO
NEW MEXICO	NO	NO	NO
NEW YORK	YES	YES	YES
NORTH CAROLINA	YES	YES	YES
NORTH DAKOTA	YES	YES	YES
OHIO	NO	NO	NO
OKLAHOMA	YES	YES	NO
OREGON	YES	NO	NO
PENNSYLVANIA	YES	NO	NO
RHODE ISLAND	YES	NO	NO
SOUTH CAROLINA	YES	YES	YES
SOUTH DAKOTA	NO	NO	NO
TENNESSEE	YES	NO	NO
TEXAS	YES	YES	YES
UTAH	YES	YES	YES
VERMONT	YES	YES	YES
VIRGINIA	YES	YES	YES
WASHINGTON	YES	YES	NO
WEST VIRGINIA	YES	YES	YES
WISCONSIN	YES	NO	NO
WYOMING	NO	NO	NO
TOTAL STATES	35	27	23

TABLE 45

STATE COPAYMENT POLICIES IN EFFECT AS OF MARCH 31, 1986

STATE	SERVICE	ELIGIBLE GROUPS	COPAY AMOUNT	APPLICABLE TO *	CHANGE 1984-1986
ALABAMA	Drugs*	All	Varies	Age 18+; Pregnant Women	YES
	Physician Ofc Visits** (including optometric)	All	$1.00		YES
ALASKA	None				NO
ARKANSAS	None				NO
CALIFORNIA	Drugs	All	$1.00	Age 12+ (Waiver)	NO
	Outpatient Hospital	All	$1.00		NO
	Emergency Room (Inappropriate Use)	All	$5.00		NO
COLORADO	None				NO
CONNECTICUT	None				NO
DELAWARE	None				NO
DIST COLUMBIA	Drugs	All	$0.50	Age 21+; Pregnant Women	NO
	Eyeglasses	All	$2.00		NO
FLORIDA	Dentures	All	5% coins.	Age 21+; Pregnant Women	NO
	Prosthetic Devices — Hearing Aids	All	5% coins.		NO
GEORGIA	None				NO
HAWAII	None				NO
IDAHO	None				NO
ILLINOIS	Inpatient Hospital	All	Varies 1/		NO
INDIANA	None				NO
IOWA	Dental	All	$3.00	Age 21+	NO
	Prosthetic Devices —Hearing Aids	All	$3.00		NO
	—Orthpedic Shoes	All	$2.00		NO
	Drugs	All	$1.00		NO
	Optometrist	All	$2.00		NO
	Podiatrist	All	$1.00		NO
	Chiropractor	All	$1.00		NO
	Other Practitioner —Psychologist	All	$2.00		NO
	Medical Equipment & Supplies	All	$2.00		NO
	Eyeglasses —Optician Services	All	$2.00		NO
	Rehabilitation Agency	All	$2.00		NO
	Physical Therapy				YES
	Transportation —Ambulance	All	$2.00		NO

TABLE 45 (CONTINUED)

STATE COPAYMENT POLICIES IN EFFECT AS OF MARCH 31,1988

STATE	SERVICE	ELIGIBLE GROUPS	COPAY AMOUNT	APPLICABLE TO *	CHANGE 1984-1988
KANSAS	Chiropractor	All	$1.00	Age 18+	YES
	Dental	All	$1.00		YES
	Drugs	All	$1.00		YES
	Other Practitioner —Psychologist	All	$1.00		YES
	Optometrist	All	$1.00		YES
	Transportation —Nonemergency Ambul.	All	$1.00		YES
	Physician Office Visit	All	$1.00		YES
	Hospital (Inpatient)	All	$25.00		YES
	Hospital (outpatient)	All	$10.00		YES
	Freestanding Pychiatric (Non-State) Hospital per admission	All	$25.00		YES
	Ambulatory Surgery Center Services	All	$10.00		YES
KENTUCKY	None				NO
LOUISIANA	None				NO
MAINE	Drugs	All	$0.50	Children in pychiatric facilities or programs	YES
MARYLAND	None				NO
MASSACHUSETTS	None				NO
MICHIGAN	Dental	All	$3.00	Age 21+; Pregnant Women	NO
	Drugs	All	$0.50	Except Institutionalized	NO
	Optometrist	All	$2.00		NO
	Podiatrist	All	$2.00		NO
	Chiropractor	All	$1.00		NO
	Prosthetic Devices —Hearing Aids	All	$3.00		NO
MINNESOTA	None				NO
MISSISSIPPI	Hospital(Inpatient)	All	$5.00	Age 18+	YES
	Hospital(Emergency Room)	All	$2.00		YES
	Drugs	All	$1.00		YES
	Transportation —Ambulance	All	$2.00		YES
	Optometrist	All	$2.00		YES
	Dental	All	$2.00		YES
	Home Health Visit	All	$2.00		YES
	Rural Health (Office Visit)	All	$1.00		YES
	Physician (Office Visit)	All	$1.00		YES
MISSOURI	Speech,Hearing, Lang. —Audiology	All	Varies 2/	Age 18+*; Pregnant Women	YES
	Dental	All	Varies 2/		NO
	Dentures	All	5% coins.		NO
	Optometrist	All	Varies 2/		NO
	Podiatrist	All	Varies 2/		NO
	Inpatient Hospital	All	$10.00		NO
	Outpatient	All	$3.00		NO
	Drugs	All	Varies 3/		NO

TABLE 45 (CONTINUED)

STATE COPAYMENT POLICIES IN EFFECT AS OF MARCH 31,1986

STATE	SERVICE	ELIGIBLE GROUPS	COPAY AMOUNT	APPLICABLE TO *	CHANGE 1984-1986
MONTANA	Drugs	All	$0.50	Age 21+	NO
	Inpatient Hospital	All	$3.00		NO
	Outpatient Hospital	All	$1.00		NO
	Physical Therapy	All	$0.50		NO
	Occupational Therapy	All	$0.50		NO
	Podiatry	All	$1.00		NO
	Speech, Hearing, Lang.				
	—Speech Therapy	All	$0.50		NO
	—Audiology	All	$0.50		NO
	Prosthetic Devices				
	—Hearing Aids	All	$0.50		NO
	—Medical Equipment & Supplies	All	Varies 2/		NO
	Home Health	All	$1.00		NO
	Home Dialysis for ESRD	All	$0.50		NO
	Private Duty Nursing	All	$0.50		NO
	Clinic Services	All	$1.00		NO
	Pychological	All	$0.50		NO
	Dental	All	$1.00		NO
	Optometrist	All	$1.00		NO
	Eyeglasses	All	$1.00		NO
	Physicians	All	$1.00		NO
NEBRASKA	None				NO
NEVADA	Chiropractor	All	$1.00	Age 19+	NO
	Clinic				
	—Mental Health	All	$1.00		NO
	Dental	All	$2.00		NO
	Dentures	All	$3.00		NO
	Drugs	All	$1.00		NO
	Eyeglasses	All	$3.00		NO
	Inpatient Mental Disease Age 65+	All	50% 1st day		NO
	SNFs under 21	All	50% 1st day		NO
	PT, OT, Speech/Hearing	All	$1.00		NO
	Podiatrist	All	$1.00		NO
	Prosthetic Devices	All	$3.00		NO
	Transportation				
	—Ambulance	All	$3.00		NO
	—Taxi	All	$1.00		NO
	—Medivan	All	$2.00		NO
	ICFs	All	50% 1st day		NO
	ICFs-MR	All	50% 1st day		NO
NEW HAMPSHIRE	Drugs	All	$0.75		YES
NEW JERSEY	None				NO
NEW MEXICO	None				NO
NEW YORK	None				NO

TABLE 45 (CONTINUED)

STATE COPAYMENT POLICIES IN EFFECT AS OF MARCH 31,1986

STATE	SERVICE	ELIGIBLE GROUPS	COPAY AMOUNT	APPLICABLE TO *	CHANGE 1984-1986
NORTH CAROLINA	Chiropractor	All	$0.50	Pregnant Women	NO
	Clinic	All	$0.50		NO
	Dental	All	$2.00		NO
	Drugs	All	$0.50		NO
	Eyeglasses --Each pair and repair of $5+	All	$2.00		NO
	Inpatient Hospital				YES
	Optometrist	All	$1.00		YES
	Outpatient	All	$1.00		YES
	Physician	All	$1.00		YES
	Podiatrist	All	$2.00		YES
	Rehabilitative --Nonhospital Dialysis	All	$2.00		YES
NORTH DAKOTA	Eyeglasses --Replacement Lenses and frames within 1 yr of original RX	All	$3.00		NO
OHIO	None				NO
OKLAHOMA	None				NO
OREGON	None				NO
PENNSYLVANIA	Pharmacy	All	$0.50		YES
	Psychiatric	All	$0.50		YES
	Radiology, Nuclear Medicine, Diagnostic	All	$1.00		YES
RHODE ISLAND	None				NO
SOUTH CAROLINA	Dental-Per Procedure	All	$1.00	Age 21+; Pregnant Women	NO
	Drugs	All	$0.50		NO
	Optometrist	All	$1.00		NO
	Podiatrist	All	$1.00		NO
SOUTH DAKOTA	Drugs	All	$1.00	Pregnant Women	NO
	Inpatient Hospital				YES
	Outpatient Hospital	All	5% coins.		NO
	Physician	All	$3.00		NO
	Dental	All	$1.00		NO
	Dentures	All	$3.00		NO
	Prosthetic Devices --DME	All	5% coins.		NO
	EPSDT	All	$1.00		NO
	Mental Health Centers	All	5% coins.		NO
	Chiropractors	All	$0.50		NO
TENNESSEE	None				NO
TEXAS	None				NO
UTAH	Outpatient Hospital --Unecessary Emergency Room	All	$3.00		YES
VERMONT	Drugs	All	$1.00		NO

TABLE 45 (CONTINUED)

STATE COPAYMENT POLICIES IN EFFECT AS OF MARCH 31,1986

STATE	SERVICE	ELIGIBLE GROUPS	COPAY AMOUNT	APPLICABLE TO *	CHANGE 1984-1986
VIRGINIA	Optometrist				
	—Eye Exams	All	$1.00	Age 21+; Pregnant Women	NO
	Clinic	All	$1.00		NO
	Drugs	All	Varies 4/		NO
	Inpatient	MN	$30.00		NO
	Outpatient				
	—Nonemergency	MN	$2.00		NO
	Physician	MN	$1.00		NO
WASHINGTON	None				NO
WEST VIRGINIA	Drugs	All	Varies 4/		NO
WISCONSIN	Inpatient Hospital				
	—Mental Diseases	All**	$75/stay	Pregnant Women	NO
	Durable Medical Equip.	All	$1.00		NO
	Optometrist	All**	Varies 2/		NO
	Chiropractor-Per Procedure	All**	$0.50		NO
	Dental	All**	Varies 6/		NO
	Physical & Occupational Therapy —Per 15 Minutes	All	$0.50		NO
	Speech, Hearing, Lang.	All	Varies 7/		NO
	Drugs	All	$0.50		NO
	Prosthetic Devices				
	—Hearing Aids	All	Varies 2/		NO
	Eyeglasses	All**	Varies 2/		NO
	Transportation	All	Varies 8/		NO
	Orthodontist	All	Varies 5/		NO
	Day Treatment Service	All	$.50/day		NO
	Prosthodontic Appliance	All**	$3.00		NO
	Oral Surgery	All	$1.00		NO
	Adjunctive Service	All**	$1.00		NO
	Indep. Nursing Service				YES
	Outpatient Hospital	All	$2.00		YES
	Optometric Services	All**	Varies 2/		NO
	Inpatient Hospital				
	—General Hospital	All	$75/stay		YES
WYOMING	None				NO

* PUBLIC LAW 97-248, TEFRA, PROHIBITS IMPOSITION OF COST SHARING ON CERTAIN GROUPS OR TYPES OF SERVICES. THESE COLUMNS REFER TO SPECIFIC GROUPS OF PEOPLE FOR WHOM STATES HAVE OPTED TO IMPOSE CHARGES THROUGH PROVISIONS OF PL 97-248. THAT IS, STATES CAN OPT TO IMPOSE CHARGES ON THE FOLLOWING:

1) INDIVIDUALS OVER 18, 19, 20 OR 21 YEARS OF AGE;
2) SERVICES PROVIDED TO PREGNANT WOMEN WHICH ARE UNRELATED TO THE PREGNANCY; AND
3) SERVICES PROVIDED TO MEDICALLY NEEDY HMO ENROLLEES.

** SERVICES FOR WHICH THESE CHARGES ARE IMPOSED ARE OFFERED ONLY TO CATEGORICALLY NEEDY RECIPIENTS SO THESE COPAYMENTS DO NOT APPLY TO MEDICALLY NEEDY RECIPIENTS.

1/ $2.00 FOR PER DIEM OF $275 - $325; $3.00 FOR PER DIEM OVER $325.

2/ $.50 - $3.00

3/ $.50 - $2.00

4/ $.50 ON $10.00 OR LESS; $1.00 ON $10.01 AND OVER.

5/ $2.00 - $3.00.

6/ $.50 - $1.00.

7/ $.50 PER 15 MINUTES FOR SOME SERVICES; $1.00 PER PROCEDURE FOR OTHERS.

8/ $1.00 - $2.00.

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Chapter 4. Medicaid provider reimbursement

This section presents an introduction to the principles of Medicaid provider reimbursement and current State reimbursement methods and rates for selected services.

Medicaid principles of reimbursement

From the inception of Medicare and Medicaid in 1965, there were two fundamental axioms related to provider reimbursement. The first was that reimbursement be based upon reasonable cost or reasonable charges; basically the same philosophy used by private insurance carriers. This, it was reasoned, would ensure equity of reimbursement and adequate participation on the part of hospitals and physicians to ensure recipient access to quality mainstream medicine; i.e., traditional, private, fee-for-service care, as enjoyed by privately insured citizens. The second axiom was freedom of choice; meaning that Medicare and Medicaid recipients would be free to choose from among many providers of care on the basis of convenience and satisfaction. As detailed in Chapter 2, the 1972 Social Security Amendments liberalized eligibility for Medicaid to include SSI recipients (cash assistance to poor elderly, blind, and disabled) and, at State option, certain optionally categorically needy groups and certain medically needy people who would otherwise qualify for the cash assistance programs if it were not for moderately excessive income or resources. These policy decisions set the stage for explosive growth in Medicaid expenditures throughout the remainder of the seventies. Up through FY 1981, Medicaid experienced double-digit annual growth rates, with hospitals and nursing homes representing three-quarters of total national expenditures.

Although Medicaid has been unquestionably successful in improving access by the poor to health services generally (Davis and Schoen, 1978), it has been much less successful in ensuring access to mainstream medical care.[2] As gatekeepers to the rest of the health care system, private physicians did not respond to the program as its architects had assumed. Part of this has to do with the welfare stigma of Medicaid clientele and part to do with reimbursement rates for both Medicare and Medicaid falling behind those offered by private insurance carriers. Over 25 percent of the nation's private practice physicians refuse to treat Medicaid patients, and participation among key specialists such as OB-GYNs is even lower.[3] In the nation's highly urbanized areas in which the majority of Medicaid recipients live, low office-based physician participation rates drive large numbers of Medicaid recipients to costly hospital-based settings for routine primary care; hence, higher costs per recipient.

Quite inadvertently, the architects of the Medicaid program designed built-in reimbursement incentives that would undermine its overall goal, access by the poor to quality mainstream medicine at reasonable costs. In the late seventies through 1980 States tried, with varying levels of success, to contain costs of the program through the use of more stringent eligibility requirements, imposition of service cutbacks and limitations, tighter administrative controls, and postponement of increases in physician reimbursement. Although numbers of recipients declined, the cost per recipient continued to rise sharply. It became obvious that something had to be done about Medicaid cost-based provider reimbursement incentives for hospitals and nursing homes which had no real incentive to contain rising costs. Since the unit of payment was per diem, there was even an incentive to maximize utilization so long as the Medicaid revenue played a useful role in the overall financial health of hospitals and nursing homes. Further, Medicaid eligibility rules led physicians to institutionalize patients so they would be eligible for needed services. The first significant legislative step to redress perverse provider incentives came in 1980 with the Omnibus Reconciliation Act of 1980 (PL 96-499). The Act replaced Section 249(a) of the 1972 Social Security Amendments requiring Medicare- based retrospective cost reimbursement principles for nursing homes. States were free to reimburse nursing homes on the basis of "reasonable and adequate costs which must be incurred by efficiently and economically operated facilities." Many States moved swiftly to implement prospective reimbursement methodologies to curb inflation in nursing home costs.

The second significant step in reforming Medicaid provider reimbursment came with passage of the Omnibus Reconciliation Act of 1981 (PL 97-35). Among other things, the Act, implemented by Federal regulations on September 30, 1981, granted significant new flexibility to the States in setting provider reimbursement policies for hospitals (Section 2173) and physicians (Section 2174) by relaxing the constraints which tied payments to Medicare retrospective cost reimbursement principles. States quickly began to adopt alternative payment methods tailored to their own unique needs. The Act gave States waiver authority to restrict freedom of choice (Section 2175) and to eliminate the institutional bias towards institutional long-term care through home and community-based care (Section 2176). The Act also gave the States new flexibility to enter into prepaid service arrangements with non-Federally qualified HMOs and to impose certain copayments on services use by Medicaid recipients.

The third significant piece of legislation affecting Medicaid provider reimbursement policies is the Tax Equity and Fiscal Responsibility Act of 1982. TEFRA actually rescinded some of the flexibility given to the States through OBRA 1981 by removing the authority given to the Secretary of DHHS to grant waivers for

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[2] Davis and Schoen, *Health and the War on Poverty, A Ten Year Appraisal;* Brookings Institution, 1978.

[3] Mitchell and Cromwell, "Large Medicaid Practices and Medicaid Mills," *JAMA*, November 1980.

capitation and prepayment systems to other than federally qualified HMOs and restricted the impostion of nominal copayments by exempting from any copayment certain recipient types and services. The TEFRA contained two other important provisions related to Medicaid reimbursement. The first was a requirement that the Secretary of DHHS recommend a system of prospective reimbursement for the Medicare program which might apply to the Medicaid inpatient reimbursement setting. The second was an expansion of Section 223 limitations on hospital charges from routine hospital costs per day to the cost per case, including ancillary costs. Special adjustments are to be made for hospitals which have a disproportionate load of low income or Medicare patients, and for psychiatric hospitals. Non-SMSA hospitals with less than 50 beds will be excluded from the limitations.

Another step to reform Medicaid provider reimbursement is the Social Security Act Amendments of 1983. This Act mandates a three-year phase-in of a case rate prospective reimbursement system for Medicare that could also be adopted by State Medicaid Agencies. The Medicare Prospective Payment System (PPS) is based on a prospectively determined rate for each patient according to age, sex and diagnosis-related group (DRG). To date, several State Medicaid programs have implemented, and others are studying, adaptation of the new Medicare PPS concept to their own hospital reimbursement system.[4]

Further changes to promote economy and to generate savings in the Medicaid programs will result from implementing section 2314 of the Deficit Reduction Act of 1984 and sections 9110 and 9509 of the Consolidated Omnibus Budget Reconciliation Act of 1985 (Pub. L. 99-272), enacted on April 7, 1986. These changes affect reimbursing providers for patient-care related capital costs by limiting the valuation of assets acquired as the result of changes in ownership occuring on or after July 18, 1984.

Finally, a recent legislative provision intends to clarify the flexibility granted State Medicaid payment systems for inpatient services. Section 9433 of OBRA 1984 (Pub. L.99-509), provides that nothing in Title XIX of the Social Security Act shall be construed as authorizing the Secretary to limit the amount of payment adjustments that may be under a Medicaid plan with respect to hospitals that serve a disproportionate number of low-income patients with special needs. This provision is intended to aid only hospitals meeting the States' definition of a hospital that serves a disproportionate number of such patients. States are now not limited in the amount of a payment adjustment (e.g., an add-on or a percent increase over a base payment amount) that may be granted to eligible hospitals for fiscal relief for specific costs incurred in providing care to these recipients.

[4] Clinkscale, Robert. "Impact of Medicare's Prospective Payment System (PPS) on State Medicaid Programs." *Proceedings, First National DRG Conference*, Atlantic City, N.J., 1983.

In summary, the above discussion represents a historical perspective or context in which to consider how States altered their Medicaid provider reimbursement policies in recent years.

Only nursing home, inpatient hospital, physician, outpatient hospital, free-standing clinics, and prescription drug service reimbursement policies are included in this report. These services represent over 90 percent of all Medicaid expenditures nationwide for FY 85.

Nursing home reimbursement

Expenditures for nursing home services are the largest and most rapidly growing component of national Medicaid outlays. From FY 84 through FY 85, Medicaid expenditures for nursing homes increased by approximately 9.6 percent; from $14.9 billion in FY 84 to $16.3 billion in FY 85. Most State Medicaid programs have departed from Medicare principles of reimbursement in favor of various forms of prospective reimbursement where rates and rate increases are negotiated or determined by formulas prior to each new fiscal year. The prospective methods are generally either facility-specific negotiated rates or class rates based on type of facility, size, and location. Some States use a combination of methods.

Other recent initiatives to contain Medicaid nursing home expenditures include restrictions in licensed bed capacity, more stringent patient assessment protocols for entry into homes, and emphasis on home and community-based care settings as an alternative to expensive institutional care. (See Chapter 5 for a discussion of Section 2176 home and community-based waivers).

Skilled nursing facilities

Skilled nursing facilities (SNFs) represented $5.1 billion of the $16.3 billion spent on nursing homes by Medicaid in FY 85, or about 31 percent. Table 46 shows the type of reimbursement system in use for SNFs by each reporting State. For each State, the table indicates the type of reimbursement system classified according to: prospective, facility-specific; retrospective, facility-specific; prospective, class rates; or some combination of methods. The varying types of reimbursement systems do not, however, necessarily reflect differences in generosity with respect to SNF reimbursement since each State is free to define allowable costs and specify allowable rates of increases. In general, prospective class rates are thought to be more restrictive and encourage maximum competitiveness and cost-consciousness on the part of the nursing home industry. Rates may be determined on a cost center basis or on total cost (per diem) basis unique to each home or in relation to all homes in a bed size class for defined geographic areas.

Table 46 shows that 38 States use the prospective facility-specific or class rate method. This indicates that three-quarters of the programs nationwide prefer to

negotiate rates in advance of the year taking into account the unique operating characteristics of each facility. The table also shows that only four States (Idaho, Maine, Massachusetts, and New Hampshire) continue to use retrospective facility-specific rate determinations. This is typically a holdover from Medicare principles although more stringent guidelines on allowable cost principles could apply. The largest SNF programs in terms of total days of care tend to use prospective reimbursement methods. The six largest that reported in FY 85, as shown in Table 47 were California, Connecticut, Maryland, Minnesota, Ohio, and Wisconsin. Of these larger programs, none used the retrospective method. Maryland, Ohio, and Wisconsin used a combination of prospective and retrospective methods. Only seven States reimbursed SNFs on a prospective class- rate basis. There were eight States that reported use of a combination of these methods. Between FY 83 and FY 85, the number of States using retrospective methods dropped from 8 to 4.

Table 47 contains data on average reimbursement rates per patient day (allowable by State Medicaid policy), average Medicaid payment per patient day (allowable charges minus patient contribution), and total days of care for State fiscal years 81, 82, 83 and 85. It should be noted that in this table and a few subsequent tables, certain data reflect statistics reported on the annual HCFA-2082 report (e.g., total days of care). For purposes of this study, however, these data reflect State responses to the survey and will occasionally fail to coincide with other reported Medicaid statistics.

In FY 85, the simple average Medicaid reimbursement rate per day for SNF services nationwide was $51.73 with rates ranging from a low of $30.31 in Arkansas to a high of $92.90 in New York (excluding Hawaii and Alaska). The national simple average Medicaid payment per patient day was $41.01, the lower rate reflecting mandatory patient contributions, primarily from SSI and Social Security payments to the recipient. Total days of care in FY 85 ranged from a low of 10,000 in New Hampshire to a high of 22,417,000 in California. Simple nationwide averages can be deceptive given the tremendous interstate differences in payment rate per recipient. Table 47A indicates the extent to which ancillary services are included in SNF per diem rates. Most States include non-legend drugs and medical supplies, whereas about half the States include physical or occupational therapy and durable medical equipment, and very few include prescription drugs in the per diem rate.

Intermediate care facilities (ICFs)

Intermediate care facilities (ICFs) accounted for $6.5 billion of the $16.3 billion spent on nursing homes by Medicaid in FY 85, or about 40 percent. Although ICF services are optional, all States include this service in their benefit package. Table 48 shows the type of Medicaid reimbursement used by each reporting State. Of the 50 reported States, 38 use prospective reimbursement methods. Only three States reported using of the retrospective facility-specific method. There were nine States which reported using a combination of methods.

Table 49 represents State data on ICF average Medicaid allowable rates per day, average Medicaid payment per day, and total days of care. Both rates per patient day and payments per patient day reflect wide interstate variability. Excluding Alaska and Hawaii, average Medicaid allowable ICF rates per patient day for FY 85 ranged from a low of $28.75 in Arkansas to a high of $61.18 in New York, with an average rate of $41.65. The national simple average Medicaid payment per patient day was $30.33. Total days of care ranged from a low of 58,000 in Wyoming to a high of 17,471,000 in Texas. The five largest ICF programs in FY 85 in terms of total days of care were (Illinois, Indiana, Michigan, Pennsylvania, and Texas). California reported a relatively small program. Patterns of inclusion of various ancillary services in the per diem rate (Table 49A) were about the same as that for SNFs.

ICF-mentally retarded (ICF-MR)

ICF-MR expenditures in FY 85 accounted for $4.7 billion out of the $16.3 billion spent on nursing homes by Medicaid, or 29 percent. ICF-MR may be the smallest of the three types of nursing homes in terms of expenditures but it is the most expensive per recipient component of Medicaid long-term care outlays . Table 50 displays State preferences for reimbursing ICF-MR facilities. In both 1984 and 1986 only 9 States used the typically more generous facility-specific retrospective method. Only five States used prospective class rates for ICFs-MR, while 27 States reported using facility-specific prospective rate-setting methods. Eight States used a combination of methods.

Table 51 shows State average allowable Medicaid rates and payments per patient day. ICF-MR rates incorporate about the same ancillary services as do SNFs and ICFs. Note that ICF-MR rates run considerably higher than do rates for SNFs and ICFs. Institutional costs for these patients are higher due to the fact that patients often require greater intensity of care. The simple average allowable Medicaid rate per day in FY 85 was $88.78 ranging from a low of $45.27 in Kansas to a high of $144.50 in the District of Columbia. Average Medicaid payments per day was $83.44. Total days of care ranged from a low of 59,000 in West Virginia to a high of 2,791,000 in Minnesota. Growth in patient loads, the high cost of an ICF-MR patient day, and relatively long lengths of stay work together to cause unusually rapid Medicaid expenditure growth for this component of State long-term care programs.

Inpatient hospital services reimbursement

Inpatient hospital services are the second largest component of Medicaid expenditures nationwide,

accounting for $ 9.5 billion or 25.2 percent of Medicaid outlays in FY 85. From FY 83 to FY 85, inpatient hospital Medicaid expenditures rose from $8.8 billion to $9.5 billion, an increase of 8.0 percent. Prior to the Omnibus Budget Reconciliation Act of 1981, States were generally compelled to use Medicare reasonable cost-based reimbursement principles unless authorized by DHHS to adopt an alternative method.

The data shown in Table 52 reflect the post-OBRA environment. By early 1986, only 16 States still used the Medicare retrospective cost-based method. The other 34 States had moved to adopt either an alternative plan or an experimental system of inpatient reimbursement. States using experimental systems based on diagnosis-related group (DRGs) are Hawaii, Michigan, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Utah, and Washington. Most of the other States using alternative systems have tended toward facility-specific budget review, rate of increase control, and forms of prospective rate-setting. Table 52 shows that among those States that had departed from Medicare principles by early 1982, only two had extended the method to private payers (Massachusetts and Rhode Island). The systems in Maine, Maryland, and New Jersey encompass all payers. The dates for States using alternative methods represent the year in which the method was approved by DHHS and implemented.

Table 53 shows that most States opting for prospective inpatient methods pay on the basis of per diem and employ either uniform or facility-specific rate of increase controls.

Table 54 shows recent trends in Medicaid inpatient hospital expenditures, total days of care per year, and the average payment per patient day. States having experience with alternative payment systems experienced less rapid expenditure growth. The larger size Medicaid programs tended to adopt alternative payment systems, and experienced slower growth in per day inpatient payments in contrast to relatively smaller programs still adhering to Medicare principles. Interstate differentials in FY 85 average payment per inpatient day were tremendous. The rates ranged from a low of $160.47 in Nebraska to a high of $532.99 in the District of Columbia. Caution must be exercised in comparing growth rates among specific States as many factors other than reimbursement affect overall Medicaid hospital expenditures. The simple national average payment per inpatient day in FY 85 was $369.21.

Physician services reimbursement

Expenditures for physician services are the third largest component of Medicaid expenditures. In FY 85, physician services accounted for $2.35 billion, or 6.3 percent of Medicaid expenditures nationwide. States have broad discretion within general Federal guidelines regarding Medicaid reimbursement to physicians. Unlike Medicare, which uses the statutorily mandated customary, prevailing and reasonable (CPR) charge methodology, State Medicaid programs can use either the CPR method or a fee schedule approach, whichever is the lower. The Omnibus Budget Reconciliation Act of 1981 freed States from the CPR-based upper limit. States are now free to set physician Medicaid reimbursement payments at their discretion so long as they are "adequate and reasonable."

The CPR method used by Medicare limits reimbursement to the lowest of the following: a physician's actual charge, the physician's median charge in a recent prior period (customary), or the 75th percentile of charges in that same period (prevailing). Any prevailing charges at or under the 75th percentile criterion are considered "reasonable." In some States, the 75th percentile is determined on the basis of physicians' charges in the same specialty and/or sub-State region; in others, States use charge data from all physicians regardless of specialty or sub-State region. Finally, since 1976 an "economic index" has been applied to limit the rate of increases in Medicare prevailing rates. Technically, Medicaid regulations refer to a "usual, customary and reasonable" (UCR) method. Other than confusion over definitions, the (UCR) method and the (CPR) methods are the same.[5] Within this framework, State Medicaid programs set physician reimbursement rates using the Medicaid method or a fee schedule, whichever is the lower. Some States have delayed updating physician charge profiles, use artificially low economic indices, or simply elect to reimburse at below Medicare's 75th percentile of prevailing rates to the point where they have, in reality, converted to a fee schedule. Table 55 shows that by early 1986, 15 States reported using Medicare's CPR method, while thirty-five States reported using fee schedules, seven of which use a relative value scale. Six States were experimenting with capitation reimbursement methods.

Table 56 shows the extreme interstate variations in physician reimbursement rates for GPs and specialists for a few selected procedures. The variation for a GP office exam (CPT-4, 90040) ranges from a low of $6.00 in New Hampshire to a high of $20.00 in the District of Columbia (excluding Alaska). The nationwide simple average for 1985 was $11.93.

To further indicate interstate variability among physician Medicaid reimbursement rates, Table 56 shows rates for the surgical procedure appendectomy (CPT-4, 44950) and for total obstetrical care including antepartum care, vaginal delivery and post-partum care (CPT-4, 59400). For GP appendectomies, payment rates range from a low of $160.00 in New York to $673.72 in Nevada; the simple national average being $338.76. GP reimbursement for total obstetrical care ranged from a low of $210.00 in New Jersey to a high of $732.00 in Massachusetts; the simple national average being $457.67. These interstate differences are summarized on the following page.

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[5] Spuz, Bruce. *State Guide to Medicaid Cost Containment*. National Governors' Association and Intergovernmental Health Policy Project. September 1981.

Fee Variation	Office Visit CPT-4 (90040)	Appendectomy CPT-4 (44950)	Obstetrical Care CPT-4 (59400)
High	$20.00	$673.72	$732.00 (DC)(NV)(MASS)
Low	$6.00	$160.00	$210.00 (NH)(NY)(NJ)
Difference	$14.00	$513.72	$522.00
Simple Average	$11.93	$338.76	$457.62

There are many factors which could account for such wide interstate Physician payment differences. For States using the CPR method, prevailing physician fees among various parts of the country account for much of the difference. For those using fee schedules, policy decisions were made to reimburse at rates often lower than Medicare prevailing rates. Lower physician reimbursement levels are not necessarily a way to help contain Medicaid costs. They tend to reduce physician participation in the program and often result in reduced recipient access to routine primary care. This can cause recipient substitution to more expensive care settings (e.g., emergency room and hospital outpatient departments). Low office reimbursement rates give a physician an incentive to hospitalize in order to gain higher fees for the same services that could have been performed in the office. Low rates may also lead to overuse of ancillary services. Low physician reimbursement rates may well be a false economy.

Outpatient hospital, clinic and drug reimbursement

Outpatient hospital services refer to emergency rooms and hospital-based ambulatory care clinics. Clinics refer to free-standing physician-supervised ambulatory care settings; this excludes rural health clinics. Drugs refer to legend or prescription drugs prescribed by a physician.

Table 57 shows that 25 of the reporting States use Medicare cost-based reimbursement principles for outpatient hospital services and 25 use alternate methods, normally fee schedules. Federal regulations specify only that Medicaid payments for outpatient hospital services cannot exceed charges to Medicare. Below this ceiling, rates can be altered downward to reflect local conditions and preferences. There is flexibility to differentiate rates among emergency room care, specialized outpatient services, and primary care services. As with inpatient care, the trend has been for more and more States to abandon Medicare principles to reimburse outpatient hospital services in favor of alternate methods. Five States reported no coverage for free-standing clinic services. Eight States reported adherence to Medicare principles, while 31 States were using alternate methods.

Prescription drug reimbursement conforms to the Department's rules implemented at 45 CFR Part 19 in effect since 1976. The amount the Department recognizes for drug reimbursement or payment purposes will not exceed the lowest of (1) the maximum allowable cost (MAC) of the drug, plus a reasonable dispensing fee; (2) the estimated acquisition cost (EAC) of the drug, plus a reasonable dispensing fee; or (3) the provider's usual and customary charge to the public for the drug. This approach has lead to considerable uniformity in drug-specific payments across States. However, States vary in retail pharmacy dispensing fees, recipient copayments, limitations on use, over-the counter exclusions and formulary status for legend drugs. Table 58 shows these interstate variations. For example, retail pharmacy dispensing fees (per prescription) range from a low of $1.60 in Maine to a high of $4.67 in Kansas. Of the 48 States sponsoring a drug program, 28 charge no copayments; the remainder charge copayments ranging from $.50 to $2.00 to recipients, most having copayments of $.50 to $1.00 per prescription. Between March 1984 and March 1986, only Virginia dropped its drug copayment (from $.25). A few States made upward and downward adjustments to drug copayment levels. Twelve States limit the number of new prescriptions per month. Twenty-three States use a formulary (limited or restricted drug list).

TABLE 46

LONG-TERM CARE: SNF REIMBURSEMENT SYSTEM - 1986

STATE	PROSPECTIVE FACILITY SPECIFIC	RETROSPECTIVE FACILITY SPECIFIC	PROSPECTIVE CLASS-RATES	COMBINATION
ALABAMA	YES	NO	NO	NO
ALASKA	YES	NO	NO	NO
ARKANSAS	NO	NO	YES	NO
CALIFORNIA	NO	NO	YES	NO
COLORADO	YES	NO	NO	NO
CONNECTICUT	YES	NO	NO	NO
DELAWARE	YES	NO	NO	NO
DIST COLUMBIA	YES	NO	NO	NO
FLORIDA	NO	NO	YES	NO
GEORGIA	YES	NO	NO	NO
HAWAII	YES	NO	NO	NO
IDAHO	NO	YES	NO	NO
ILLINOIS	YES	NO	NO	NO
INDIANA	NO	NO	YES	NO
IOWA	YES	NO	NO	NO
KANSAS	YES	NO	NO	NO
KENTUCKY	YES	NO	NO	NO
LOUISIANA	NO	NO	YES	NO
MAINE	NO	YES	NO	NO
MARYLAND	NO	NO	NO	YES
MASSACHUSETTS	NO	YES	NO	NO
MICHIGAN	YES	NO	NO	NO
MINNESOTA	YES	NO	NO	NO
MISSISSIPPI	YES	NO	NO	NO
MISSOURI	YES	NO	NO	NO
MONTANA	YES	NO	NO	NO
NEBRASKA	YES	NO	NO	NO
NEVADA	NO	NO	NO	YES
NEW HAMPSHIRE	NO	YES	NO	NO
NEW JERSEY	YES	NO	NO	NO
NEW MEXICO	YES	NO	NO	NO
NEW YORK	YES	NO	NO	NO
NORTH CAROLINA	YES	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	YES
OHIO	NO	NO	NO	YES
OKLAHOMA	NO	NO	YES	NO
OREGON	YES	NO	NO	NO
PENNSYLVANIA	NO	NO	NO	YES
RHODE ISLAND	YES	NO	NO	NO
SOUTH CAROLINA	YES	NO	NO	NO
SOUTH DAKOTA	NO	NO	NO	YES
TENNESSEE	YES	NO	NO	NO
TEXAS	NO	NO	YES	NO
UTAH	NO	NO	NO	YES
VERMONT	YES	NO	NO	NO
VIRGINIA	YES	NO	NO	NO
WASHINGTON	YES	NO	NO	NO
WEST VIRGINIA	YES	NO	NO	NO
WISCONSIN	NO	NO	NO	YES
WYOMING	YES	NO	NO	NO
TOTAL STATES	31	4	7	8

TABLE 47

LONG-TERM CARE: SNF RATE, EXPENDITURE AND USE DATA FOR FY 1981-1985

STATE	AVERAGE RATE PER PATIENT DAY ($)				AVERAGE MEDICAID PAYMENT PER PATIENT DAY ($)				TOTAL DAYS OF CARE (000)			
	FY 81	FY 82	FY 83	FY 85	FY 81	FY 82	FY 83	FY 85	FY 81	FY 82	FY 83	FY 85
ALABAMA	30.79	37.61	41.55	44.29	**	24.43	24.10	**	**	521	400	**
ALASKA	97.39	**	104.94	**	**	**	104.94	**	4	**	25	**
ARKANSAS	25.53	26.35	28.62	30.31	18.81	26.35	27.52	22.43	2,563	2,786	3,088	3,548
CALIFORNIA	36.10	**	**	46.56	27.82	38.77	**	32.53	23,854	24,376	23,244	22,417
COLORADO	28.73	30.90	34.88	38.54	21.11	23.64	25.98	28.48	1,179	1,152	1,101	1,028
CONNECTICUT	41.49	**	49.60	60.37	32.73	**	**	48.37	5,125	**	4,903	4,611
DELAWARE	44.28	**	39.58	48.94	28.30	**	**	**	17	**	10	57
DIST COLUMBIA	65.90	**	**	**	57.76	**	**	**	34	**	42	**
FLORIDA	**	35.26	39.11	44.29	26.26	27.44	28.29	33.97	2,075	2,072	1,922	1,673
GEORGIA	28.63	28.20	29.59	32.44	22.20	20.21	21.80	25.75	3,310	3,156	3,135	2,725
HAWAII	71.56	**	98.07	110.90	62.95	**	79.72	**	313	**	308	**
IDAHO	33.12	32.39	33.60	42.02	32.25	26.99	28.00	31.57	338	276	286	253
ILLINOIS	32.60	28.35	33.85	38.56	23.99	21.26	24.92	28.43	4,872	5,500	5,190	4,048
INDIANA	**	41.98	48.14	54.94	**	41.98	37.23	42.02	**	1,461	1,578	1,918
IOWA	43.51	59.69	77.04	85.06	43.51	59.69	77.04	80.06	30	36	33	27
KANSAS	27.80	**	**	39.52	21.65	**	**	26.94	124	**	**	81
KENTUCKY	42.74	49.92	45.67	48.28	38.87	**	**	45.05	723	**	**	681
LOUISIANA	31.85	34.80	34.80	36.55	24.89	**	23.92	37.54	124	153	242	136
MAINE	61.15	64.47	68.91	66.46	53.12	38.19	50.44	53.18	52	66	56	63
MARYLAND	36.15	**	44.41	51.72	27.63	**	33.57	39.74	4,527	**	4,919	5,188
MASSACHUSETTS	41.06	44.40	49.27	58.09	31.15	34.25	39.12	48.09	5,248	4,349	2,643	4,165
MICHIGAN	35.56	36.72	38.12	40.28	27.05	27.04	28.07	28.79	2,699	3,243	2,974	1,837
MINNESOTA	44.81	**	54.29	57.83	**	**	40.73	45.72	8,071	**	6,502	6,779
MISSISSIPPI	28.79	31.32	32.81	33.51	23.30	25.96	26.97	32.53	2,012	1,780	1,731	1,678
MISSOURI	37.13	42.10	46.06	43.93	30.01	34.55	37.73	34.61	132	97	128	230
MONTANA	36.75	**	40.08	43.80	24.10	**	30.00	32.50	79	**	1,285	1,221
NEBRASKA	38.22	44.64	49.30	56.48	31.07	34.61	38.12	44.06	187	185	174	197
NEVADA	40.25	48.26	51.70	56.94	32.65	39.04	41.13	47.39	30	32	44	42
NEW HAMPSHIRE	**	53.62	69.52	**	33.22	44.88	59.22	79.00	27	19	16	10
NEW JERSEY	46.13	51.91	56.43	62.25	36.36	41.04	44.49	49.21	452	479	508	642
NEW MEXICO	66.31	51.14	75.70	82.04	44.59	46.32	68.13	67.01	25	31	24	26
NEW YORK	67.63	78.70	82.80	92.90	**	61.43	**	**	18,550	20,588	23,272	**
NORTH CAROLINA	41.40	46.73	49.59	53.34	34.81	36.85	41.08	43.72	2,011	2,109	2,221	2,564
NORTH DAKOTA	36.33	40.85	46.14	51.91	30.51	33.10	37.42	**	662	697	718	**
OHIO	38.56	42.26	43.23	46.54	**	26.03	31.95	38.73	7,579	7,935	8,329	9,565
OKLAHOMA	29.00	30.00	33.61	**	**	**	33.61	36.00	**	**	4	28
OREGON	39.79	42.34	47.01	58.02	28.87	34.65	38.45	42.25	131	96	41	96
PENNSYLVANIA	**	42.26	39.39	44.96	33.93	42.20	38.45	39.80	10,752	9,225	10,468	1,516
RHODE ISLAND	47.32	43.48	46.83	53.05	37.24	31.53	35.19	40.35	57	67	74	73
SOUTH CAROLINA	44.25	42.99	39.55	41.34	31.76	**	**	31.93	3,119	**	**	2,893
SOUTH DAKOTA	26.36	30.08	33.39	38.40	19.74	21.97	24.17	27.86	150	102	99	58
TENNESSEE	40.50	**	49.46	47.35	36.24	**	34.50	39.55	306	**	382	535
TEXAS	36.05	35.51	38.25	41.16	26.20	27.24	29.55	32.16	1,423	1,181	1,090	1,013
UTAH	39.32	**	48.36	47.38	30.40	**	38.13	40.75	225	**	21	52
VERMONT	47.77	44.07	46.73	48.61	41.51	44.07	46.73	38.21	20	**	13	16
VIRGINIA	51.26	61.90	58.22	**	45.47	53.15	49.47	62.56	276	139	199	299
WASHINGTON	34.37	35.08	37.68	44.61	26.00	25.51	25.89	**	**	**	**	**
WEST VIRGINIA	36.80	44.39	45.54	63.98	**	36.93	36.43	44.15	**	1,523	1,305	235
WISCONSIN	42.00	**	41.52	50.09	36.00	**	41.52	3 .47	6,900	**	6,329	6,960
WYOMING	33.71	**	40.71	49.14	23.14	**	32.45	**	426	**	**	58
SIMPLE AVERAGE	41.89	42.66	48.60	51.73	32.24	34.89	40.69	41.01	2685	2984	2692	2121

** INDICATES DATA NOT REPORTED OR NOT AVAILABLE

TABLE 47A

LONG-TERM CARE: SNF ANCILLARY SERVICES INCLUDED IN PER DIEM RATE FOR 1986

STATE	PT	OT	NON-LEGEND DRUGS	PRESCRIBED DRUGS	MEDICAL SUPPLIES	DURABLE EQUIPMENT	OTHER
ALABAMA	NO	NO	YES	NO	YES	NO	NO
ALASKA	YES	YES	YES	YES	YES	NO	NO
ARKANSAS	NO	NO	YES	NO	YES	NO	NO
CALIFORNIA	YES	YES	YES	NO	YES	YES	YES
COLORADO	NO	NO	YES	NO	YES	YES	NO
CONNECTICUT	YES	YES	YES	NO	YES	NO	YES
DELAWARE	NO	NO	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	NO	NO	YES	NO	YES
FLORIDA	YES	YES	YES	NO	YES	YES	YES
GEORGIA	YES	YES	YES	NO	YES	YES	YES
HAWAII	NO	NO	NO	NO	YES	NO	NO
IDAHO	YES	YES	YES	NO	YES	YES	NO
ILLINOIS	YES	YES	YES	NO	YES	YES	NO
INDIANA	NO	NO	NO	NO	NO	NO	NO
IOWA	NO	NO	YES	NO	YES	YES	NO
KANSAS	YES	YES	YES	NO	YES	NO	YES
KENTUCKY	NO	NO	NO	NO	YES	NO	NO
LOUISIANA	NO	NO	YES	NO	YES	NO	NO
MAINE	NO	NO	NO	NO	YES	YES	NO
MARYLAND	YES	YES	YES	NO	YES	YES	YES
MASSACHUSETTS	NO	NO	NO	NO	NO	NO	NO
MICHIGAN	NO	NO	YES	NO	YES	YES	NO
MINNESOTA	NO	NO	NO	NO	NO	NO	NO
MISSISSIPPI	YES	YES	NO	NO	YES	YES	NO
MISSOURI	YES	YES	YES	NO	YES	YES	NO
MONTANA	NO	NO	NO	NO	NO	NO	NO
NEBRASKA	YES	YES	NO	NO	YES	YES	NO
NEVADA	NO	NO	YES	NO	YES	NO	NO
NEW HAMPSHIRE	YES	YES	YES	YES	YES	YES	YES
NEW JERSEY	NO	NO	YES	NO	YES	NO	YES
NEW MEXICO	NO	NO	YES	NO	YES	YES	NO
NEW YORK	YES	YES	YES	YES	YES	NO	YES
NORTH CAROLINA	YES	YES	YES	NO	YES	YES	NO
NORTH DAKOTA	YES	YES	YES	NO	YES	YES	NO
OHIO	YES	YES	YES	NO	YES	NO	YES
OKLAHOMA	NO	NO	YES	NO	YES	YES	YES
OREGON	NO	NO	NO	NO	NO	NO	NO
PENNSYLVANIA	YES	YES	YES	NO	YES	YES	NO
RHODE ISLAND	YES	YES	YES	NO	YES	NO	NO
SOUTH CAROLINA	YES	YES	YES	NO	YES	NO	NO
SOUTH DAKOTA	YES	YES	NO	NO	YES	YES	NO
TENNESSEE	YES	NO	YES	NO	YES	YES	NO
TEXAS	YES	YES	YES	NO	YES	YES	NO
UTAH	NO	NO	YES	NO	YES	YES	NO
VERMONT	YES	YES	YES	NO	YES	NO	NO
VIRGINIA	YES	YES	YES	YES	YES	NO	NO
WASHINGTON	YES	YES	YES	NO	YES	YES	NO
WEST VIRGINIA	YES	YES	YES	NO	YES	YES	NO
WISCONSIN	YES	YES	NO	YES	YES	NO	YES
WYOMING	YES	YES	YES	NO	YES	NO	NO
TOTAL STATES	30	29	36	5	44	25	18

TABLE 48

LONG-TERM CARE: ICF REIMBURSEMENT SYSTEM - 1985

STATE	PROSPECTIVE FACILITY SPECIFIC	RETROSPECTIVE FACILITY SPECIFIC	PROSPECTIVE CLASS RATES	COMBINATION
ALABAMA	YES	NO	NO	NO
ALASKA	YES	NO	NO	NO
ARKANSAS	NO	NO	YES	NO
CALIFORNIA	NO	NO	YES	NO
COLORADO	YES	NO	NO	NO
CONNECTICUT	YES	NO	NO	NO
DELAWARE	YES	NO	NO	NO
DIST COLUMBIA	YES	NO	NO	NO
FLORIDA	NO	NO	YES	NO
GEORGIA	YES	NO	NO	NO
HAWAII	YES	NO	NO	NO
IDAHO	NO	YES	NO	NO
ILLINOIS	YES	NO	NO	NO
INDIANA	NO	NO	YES	NO
IOWA	YES	NO	NO	NO
KANSAS	YES	NO	NO	NO
KENTUCKY	YES	NO	NO	NO
LOUISIANA	NO	NO	YES	NO
MAINE	YES	NO	NO	NO
MARYLAND	NO	NO	NO	YES
MASSACHUSETTS	NO	YES	NO	NO
MICHIGAN	YES	NO	NO	NO
MINNESOTA	YES	NO	NO	NO
MISSISSIPPI	YES	NO	NO	NO
MISSOURI	YES	NO	NO	NO
MONTANA	YES	NO	NO	NO
NEBRASKA	YES	NO	NO	NO
NEVADA	NO	NO	NO	YES
NEW HAMPSHIRE	NO	NO	NO	YES
NEW JERSEY	YES	NO	NO	NO
NEW MEXICO	YES	NO	NO	NO
NEW YORK	YES	NO	NO	NO
NORTH CAROLINA	YES	NO	NO	NO
NORTH DAKOTA	NO	NO	NO	YES
OHIO	NO	NO	NO	YES
OKLAHOMA	NO	NO	YES	NO
OREGON	YES	NO	NO	NO
PENNSYLVANIA	NO	NO	NO	YES
RHODE ISLAND	YES	NO	NO	NO
SOUTH CAROLINA	YES	NO	NO	NO
SOUTH DAKOTA	NO	NO	NO	YES
TENNESSEE	NO	YES	NO	NO
TEXAS	NO	NO	YES	NO
UTAH	NO	NO	NO	YES
VERMONT	YES	NO	NO	NO
VIRGINIA	YES	NO	NO	NO
WASHINGTON	YES	NO	NO	NO
WEST VIRGINIA	YES	NO	NO	NO
WISCONSIN	NO	NO	NO	YES
WYOMING	YES	NO	NO	NO
TOTAL STATES	31	3	7	9

TABLE 49

LONG-TERM CARE: ICF RATE, EXPENDITURE AND USE DATA FOR FY 1981-1985

STATE	AVERAGE RATE PER PATIENT DAY ($)				AVERAGE MEDICAID PAYMENT PER PATIENT DAY ($)				TOTAL DAYS OF CARE (000)			
	FY 81	FY 82	FY 83	FY 85	FY 81	FY 82	FY 83	FY 85	FY 81	FY 82	FY 83	FY 85
ALABAMA	24.20	25.81	27.97	30.70	22.63	22.69	23.18	**	5,718	4,895	4,662	**
ALASKA	97.39	104.26	102.85	**	**	98.03	102.85	**	4	159	123	**
ARKANSAS	24.65	25.75	27.99	28.75	19.53	25.75	26.91	21.28	3,168	3,153	2,846	2,129
CALIFORNIA	28.90	**	**	36.70	32.31	29.18	**	23.63	2,215	1,210	1,086	1,107
COLORADO	28.24	30.92	34.09	38.54	20.91	22.81	24.49	28.48	2,788	2,681	2,636	2,587
CONNECTICUT	26.57	**	33.38	44.58	19.55	**	**	35.90	949	**	1,040	1,062
DELAWARE	44.28	**	39.58	48.94	36.62	**	**	**	434	**	460	470
DIST COLUMBIA	50.87	**	**	**	44.02	**	**	**	383	**	588	**
FLORIDA	**	33.21	37.86	44.29	22.61	23.51	26.62	33.97	5,546	5,530	5,783	7,365
GEORGIA	26.17	25.94	27.39	30.87	20.58	19.49	20.49	24.49	5,521	5,412	5,689	6,146
HAWAII	58.18	**	72.27	100.63	50.28	**	62.53	**	420	**	439	**
IDAHO	29.63	31.33	33.96	41.30	27.38	26.11	28.30	30.85	626	630	625	625
ILLINOIS	22.84	34.04	29.80	32.54	16.38	20.42	21.24	23.22	13,332	12,500	14,073	14,188
INDIANA	**	32.68	37.69	43.51	**	32.68	25.62	30.93	**	7,406	7,682	7,897
IOWA	24.00	25.89	26.15	29.44	16.75	17.57	16.84	18.44	5,800	5,734	5,686	5,580
KANSAS	22.16	**	**	32.13	16.01	**	**	21.56	4,297	**	**	3,720
KENTUCKY	27.66	31.95	31.88	33.76	21.93	**	**	27.78	3,806	**	**	4,130
LOUISIANA	26.62	25.81	26.81	31.24	20.58	**	**	24.10	6,601	7,821	11,947	7,602
MAINE	37.05	40.30	43.04	49.64	29.15	22.23	33.38	36.48	2,438	460	2,435	2,490
MARYLAND	36.14	**	44.41	51.72	27.63	**	33.57	39.74	4,527	**	4,919	5,188
MASSACHUSETTS	29.15	33.24	36.59	41.07	21.39	24.33	27.68	31.07	6,019	5,872	7,044	6,780
MICHIGAN	32.52	36.72	38.12	40.28	24.01	27.04	28.07	28.79	8,974	9,050	9,308	8,993
MINNESOTA	35.88	**	39.77	42.92	**	**	30.61	34.85	5,210	**	4,147	3,912
MISSISSIPPI	24.97	29.12	31.18	31.76	22.09	23.69	24.64	26.61	1,821	2,198	2,349	2,191
MISSOURI	29.64	32.53	35.79	38.86	23.03	24.98	27.46	29.54	5,378	5,668	6,169	6,647
MONTANA	36.75	**	40.08	43.80	26.86	**	30.00	32.50	1,355	**	1,285	1,221
NEBRASKA	22.57	26.07	27.59	30.49	17.43	18.57	19.45	21.42	2,566	2,513	2,287	2,488
NEVADA	39.03	43.61	42.81	51.05	30.74	34.11	33.30	39.58	595	619	623	548
NEW HAMPSHIRE	40.68	44.54	48.05	**	31.87	35.80	37.41	44.00	1,490	1,698	1,684	1,753
NEW JERSEY	39.48	43.81	48.35	56.49	30.49	33.57	37.53	44.08	6,670	6,740	6,900	5,274
NEW MEXICO	30.20	32.08	34.53	43.11	24.30	27.27	29.22	37.16	797	825	789	1,005
NEW YORK	42.74	49.21	52.17	61.18	**	36.00	**	**	7,335	6,908	8,865	**
NORTH CAROLINA	29.91	33.49	35.64	38.73	23.62	25.33	26.89	29.54	3,281	3,301	3,348	3,307
NORTH DAKOTA	27.35	30.00	34.51	37.25	21.99	23.20	25.07	**	583	636	640	**
OHIO	33.62	36.80	37.42	40.62	**	23.22	27.76	35.91	7,561	7,650	7,540	7,373
OKLAHOMA	28.00	26.53	26.60	**	20.99	21.43	22.84	20.50	6,206	6,189	5,820	6,159
OREGON	30.28	32.85	34.31	37.31	21.01	22.22	23.19	26.01	2,840	2,808	2,670	2,650
PENNSYLVANIA	**	37.62	32.81	38.24	33.88	36.35	29.25	31.96	4,591	5,367	5,165	9,384
RHODE ISLAND	34.99	38.95	42.25	49.07	26.95	29.66	32.10	37.52	2,105	2,177	2,224	2,355
SOUTH CAROLINA	33.28	32.05	29.83	41.34	31.76	**	**	31.93	3,119	**	**	2,893
SOUTH DAKOTA	23.91	26.88	29.66	33.76	17.61	19.48	21.36	24.45	1,381	1,437	1,309	1,402
TENNESSEE	27.40	**	31.59	32.67	20.32	**	24.98	24.89	6,722	**	6,223	6,784
TEXAS	27.61	26.79	28.40	30.73	18.66	19.19	20.57	21.75	21,667	20,681	19,794	17,471
UTAH	34.06	**	36.33	39.15	26.24	**	26.50	26.86	1,076	**	1,091	1,133
VERMONT	35.65	44.07	46.73	48.62	27.85	44.07	46.73	38.21	743	**	745	744
VIRGINIA	38.19	42.66	43.77	**	29.76	33.70	34.77	33.20	4,400	4,600	4,667	4,958
WASHINGTON	34.37	**	**	44.61	26.00	**	27.82	**	**	**	**	**
WEST VIRGINIA	30.57	37.46	40.70	42.93	**	**	**	29.62	**	1,523	1,305	1,667
WISCONSIN	32.00	**	32.85	39.57	27.00	**	32.85	30.78	7,000	**	5,228	5,393
WYOMING	33.71	**	40.71	49.14	23.14	**	32.45	**	426	**	**	58
SIMPLE AVERAGE	31.48	35.69	38.22	41.65	25.31	28.60	30.33	30.33	4,054	4,590	4,261	4,345

** INDICATES DATA NOT REPORTED OR NOT AVAILABLE

TABLE 49A

LONG-TERM CARE: ICF ANCILLARY SERVICES INCLUDED IN PER DIEM RATE FOR 1988

STATE	PT	OT	NON-LEGEND DRUGS	PRESCRIBED DRUGS	MEDICAL SUPPLIES	DURABLE EQUIPMENT	OTHER
ALABAMA	NO	NO	YES	NO	YES	NO	NO
ALASKA	YES	YES	YES	YES	YES	NO	NO
ARKANSAS	NO	NO	YES	NO	YES	NO	NO
CALIFORNIA	NO	NO	YES	NO	YES	YES	YES
COLORADO	YES	YES	YES	NO	YES	YES	NO
CONNECTICUT	YES	YES	YES	NO	YES	NO	YES
DELAWARE	NO	NO	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	NO	NO	YES	NO	YES
FLORIDA	YES	YES	YES	NO	YES	YES	YES
GEORGIA	YES	YES	YES	NO	YES	YES	YES
HAWAII	NO	NO	NO	NO	YES	NO	NO
IDAHO	YES	YES	YES	NO	YES	YES	NO
ILLINOIS	YES	YES	YES	NO	YES	YES	NO
INDIANA	NO	NO	NO	NO	NO	NO	NO
IOWA	NO	NO	YES	NO	YES	YES	NO
KANSAS	YES	YES	YES	NO	YES	NO	YES
KENTUCKY	NO	NO	NO	NO	YES	NO	NO
LOUISIANA	NO	NO	YES	NO	YES	NO	NO
MAINE	NO	NO	NO	NO	YES	YES	NO
MARYLAND	YES	YES	YES	NO	YES	YES	YES
MASSACHUSETTS	NO	NO	NO	NO	NO	NO	NO
MICHIGAN	NO	NO	YES	NO	YES	YES	NO
MINNESOTA	NO	NO	NO	NO	NO	NO	NO
MISSISSIPPI	YES	YES	NO	NO	YES	YES	NO
MISSOURI	YES	YES	YES	NO	YES	YES	NO
MONTANA	NO	NO	NO	NO	NO	NO	NO
NEBRASKA	YES	YES	NO	NO	YES	YES	NO
NEVADA	NO	NO	YES	NO	YES	NO	NO
NEW HAMPSHIRE	YES	YES	YES	YES	YES	YES	YES
NEW JERSEY	NO	NO	YES	NO	YES	NO	YES
NEW MEXICO	NO	NO	YES	NO	YES	YES	NO
NEW YORK	YES	YES	YES	YES	YES	NO	YES
NORTH CAROLINA	YES	YES	YES	NO	YES	YES	NO
NORTH DAKOTA	YES	YES	YES	NO	YES	YES	NO
OHIO	YES	YES	YES	NO	YES	NO	YES
OKLAHOMA	NO	NO	YES	NO	YES	YES	YES
OREGON	NO	NO	NO	NO	NO	NO	NO
PENNSYLVANIA	YES	YES	YES	NO	YES	YES	NO
RHODE ISLAND	YES	YES	YES	NO	YES	NO	NO
SOUTH CAROLINA	YES	YES	YES	NO	YES	NO	NO
SOUTH DAKOTA	YES	YES	NO	NO	YES	YES	NO
TENNESSEE	YES	NO	YES	NO	YES	YES	NO
TEXAS	YES	YES	YES	NO	YES	YES	NO
UTAH	NO	NO	YES	NO	YES	YES	NO
VERMONT	YES	YES	YES	NO	YES	NO	NO
VIRGINIA	YES	YES	YES	YES	YES	NO	NO
WASHINGTON	YES	YES	YES	NO	YES	YES	NO
WEST VIRGINIA	YES	YES	YES	NO	YES	YES	NO
WISCONSIN	YES	YES	NO	YES	YES	NO	YES
WYOMING	YES	YES	YES	NO	YES	NO	NO
TOTAL STATES	30	29	36	5	44	25	18

TABLE 50

LONG-TERM CARE: ICF-MR REIMBURSEMENT SYSTEM FOR 1986

STATE	PROSPECTIVE FACILITY SPECIFIC	RETROSPECTIVE FACILITY SPECIFIC	PROSPECTIVE CLASS-RATES	COMBINATION
ALABAMA	YES	NO	NO	NO
ALASKA	YES	NO	NO	NO
ARKANSAS	YES	NO	NO	NO
CALIFORNIA	NO	NO	YES	NO
COLORADO	YES	NO	NO	NO
CONNECTICUT	YES	NO	NO	NO
DELAWARE	NO	NO	NO	YES
DIST COLUMBIA	YES	NO	NO	NO
FLORIDA	YES	NO	NO	NO
GEORGIA	YES	NO	NO	NO
HAWAII	YES	NO	NO	NO
IDAHO	NO	YES	NO	NO
ILLINOIS	YES	NO	NO	NO
INDIANA	NO	NO	YES	NO
IOWA	YES	NO	NO	NO
KANSAS	YES	NO	NO	NO
KENTUCKY	YES	NO	NO	NO
LOUISIANA	NO	NO	YES	NO
MAINE	YES	NO	NO	NO
MARYLAND	NO	NO	NO	YES
MASSACHUSETTS	YES	NO	NO	NO
MICHIGAN	YES	NO	NO	NO
MINNESOTA	YES	NO	NO	NO
MISSISSIPPI	YES	NO	NO	NO
MISSOURI	YES	NO	NO	NO
MONTANA	NO	YES	NO	NO
NEBRASKA	YES	NO	NO	NO
NEVADA	YES	NO	NO	NO
NEW HAMPSHIRE	YES	NO	NO	NO
NEW JERSEY	NO	YES	NO	NO
NEW MEXICO	NO	YES	NO	NO
NEW YORK	YES	NO	NO	NO
NORTH CAROLINA	YES	NO	NO	NO
NORTH DAKOTA	NO	YES	NO	NO
OHIO	NO	NO	NO	YES
OKLAHOMA	NO	NO	YES	NO
OREGON	NO	NO	NO	YES
PENNSYLVANIA	NO	NO	NO	YES
RHODE ISLAND	YES	NO	NO	NO
SOUTH CAROLINA	NO	YES	NO	NO
SOUTH DAKOTA	NO	NO	NO	YES
TENNESSEE	NO	YES	NO	NO
TEXAS	NO	NO	YES	NO
UTAH	NO	NO	NO	YES
VERMONT	NO	YES	NO	NO
VIRGINIA	NO	YES	NO	NO
WASHINGTON	YES	NO	NO	NO
WEST VIRGINIA	YES	NO	NO	NO
WISCONSIN	NO	NO	NO	YES
WYOMING*	NO	NO	NO	NO
TOTAL STATES	27	9	5	8

* WYOMING DOES NOT PROVIDE ICF-MR SERVICES

TABLE 51

LONG-TERM CARE: ICF-MR RATE, EXPENDITURE AND USE DATA FOR FY 1981-1985

STATE	AVERAGE RATE PER PATIENT DAY ($)				AVERAGE MEDICAID PAYMENT PER PATIENT DAY ($)				TOTAL DAYS OF CARE (000)			
	FY 81	FY 82	FY 83	FY 85	FY 81	FY 82	FY 83	FY 85	FY 81	FY 82	FY 83	FY 85
ALABAMA	94.10	105.08	95.90	107.06	**	77.95	95.90	**	**	391	528	**
ALASKA	167.00	197.33	200.09	**	**	194.66	200.09	**	1	147	41	**
ARKANSAS	64.55	73.00	81.47	91.95	55.42	63.00	81.47	88.62	523	510	470	502
CALIFORNIA	**	**	**	52.26	32.31	**	**	47.79	2,215	917	1,016	1,196
COLORADO	55.86	60.20	69.25	72.41	55.47	57.18	67.17	84.77	559	682	674	153
CONNECTICUT	**	**	45.89	**	**	**	**	**	**	**	402	**
DELAWARE	48.46	**	69.70	70.10	46.02	**	**	**	161	**	155	152
DIST COLUMBIA	65.63	**	**	144.50	63.99	**	**	144.50	87	**	147	110
FLORIDA	**	77.18	81.35	105.84	58.05	74.93	79.88	102.11	519	745	854	1,118
GEORGIA	84.12	84.45	88.84	109.98	82.16	82.21	86.34	107.32	574	591	573	599
HAWAII	83.55	**	**	101.55	81.41	**	91.14	**	138	**	124	**
IDAHO	73.49	86.65	89.84	88.63	72.77	86.65	89.84	85.73	148	168	174	179
ILLINOIS	**	82.75	69.55	82.64	**	62.06	65.01	77.18	946	2,344	2,580	2,789
INDIANA	**	53.69	55.85	63.03	**	53.69	52.33	44.25	**	649	728	957
IOWA	65.00	88.45	98.83	93.00	60.50	84.99	95.40	89.00	675	589	589	615
KANSAS	34.32	**	**	45.27	28.17	**	**	39.87	219	**	**	282
KENTUCKY	70.97	75.00	78.78	87.04	65.42	**	**	93.94	473	**	**	422
LOUISIANA	56.00	65.75	65.75	77.74	53.94	**	60.79	67.66	992	1,604	2,518	2,033
MAINE	69.35	84.58	86.54	100.56	66.85	64.33	83.19	98.02	229	230	258	192
MARYLAND	114.95	**	93.77	103.90	**	**	89.58	99.31	630	**	668	569
MASSACHUSETTS	123.00	141.60	107.65	126.00	122.00	140.60	106.65	126.00	1,000	656	**	**
MICHIGAN	118.00	134.00	124.64	130.00	**	107.00	120.86	126.00	1,587	1,404	1,232	1200
MINNESOTA	45.00	**	76.70	62.27	**	**	62.49	72.45	1,369	**	2,822	2,791
MISSISSIPPI	38.94	41.39	46.61	46.12	36.08	39.96	46.58	49.45	304	444	489	530
MISSOURI	71.84	**	**	99.42	68.74	67.37	66.52	97.25	554	**	**	486
MONTANA	57.45	**	59.03	**	30.17	**	49.03	**	3	**	93	**
NEBRASKA	55.20	71.49	79.55	83.50	57.34	66.60	74.52	78.31	287	320	290	308
NEVADA	76.65	93.14	94.16	132.41	74.84	91.06	91.36	132.17	58	59	70	64
NEW HAMPSHIRE	40.68	**	48.05	**	31.87	**	37.41	**	1,698	1,684	**	**
NEW JERSEY	65.74	84.78	117.96	132.64	62.75	81.20	113.90	**	1,742	1,612	1,175	1,915
NEW MEXICO	59.66	69.27	82.34	91.03	55.59	67.13	79.87	90.46	152	176	174	197
NEW YORK	**	107.29	**	**	**	121.09	**	**	**	1,302	**	**
NORTH CAROLINA	84.41	95.00	99.00	114.01	82.35	91.62	94.36	110.40	702	812	882	994
NORTH DAKOTA	**	**	62.51	69.32	**	**	**	**	**	**	63	**
OHIO	44.59	52.58	59.29	66.86	**	46.79	55.46	70.46	693	1,908	2,294	1,488
OKLAHOMA	60.00	55.36	73.02	**	50.77	53.90	62.02	40.00	651	630	597	705
OREGON	57.73	62.81	**	**	**	57.04	**	78.45	**	693	**	642
PENNSYLVANNIA	**	135.26	119.89	109.41	98.94	111.88	**	100.06	2,653	2,642	2,377	747
RHODE ISLAND	50.15	99.99	105.46	119.80	46.26	95.95	100.96	114.39	73	313	357	384
SOUTH CAROLINA	54.75	57.81	52.46	75.73	46.03	**	**	**	734	**	**	**
SOUTH DAKOTA	**	56.54	63.97	68.13	51.02	55.00	62.28	63.92	232	266	225	248
TENNESSEE	**	**	82.36	76.02	60.61	**	76.84	72.74	817	**	943	872
TEXAS	47.71	55.55	49.24	53.80	44.43	52.12	43.91	48.34	4,322	4,534	4,577	**
UTAH	48.22	**	60.26	62.49	45.32	**	56.65	58.23	427	**	432	465
VERMONT	81.67	91.04	91.04	103.60	79.12	91.04	91.04	103.60	136	134	113	101
VIRGINIA	50.19	66.41	71.56	**	47.40	**	62.84	82.52	1,489	1,110	1,118	1,151
WASHINGTON	54.37	61.60	63.86	**	26.00	57.05	59.02	**	**	**	**	**
WEST VIRGINIA	**	44.24	44.24	58.93	**	**	**	40.66	**	1,523	1,305	59
WISCONSIN	61.00	**	90.41	72.19	58.00	**	90.41	61.26	800	**	798	1,153
WYOMING	**	**	**	**	**	**	**	**	**	**	**	**
SIMPLE AVERAGE	66.67	82.68	80.88	88.78	57.28	79.87	79.54	83.44	731	966	872	690

** INDICATES DATA NOT REPORTED OR NOT AVAILABLE

TABLE 51A

LONG-TERM CARE: ICF-MR ANCILLARY SERVICES INCLUDED IN PER DIEM RATE FOR 1986

STATE	PT	OT	NON-LEGEND DRUGS	PRESCRIBED DRUGS	MEDICAL SUPPLIES	DURABLE EQUIPMENT	OTHER
ALABAMA	NO	NO	YES	NO	YES	NO	NO
ALASKA	YES	YES	YES	YES	YES	NO	NO
ARKANSAS	YES	YES	YES	YES	YES	NO	NO
CALIFORNIA	NO	NO	YES	NO	YES	NO	YES
COLORADO	YES	YES	YES	NO	YES	YES	NO
CONNECTICUT	YES	YES	YES	NO	YES	NO	YES
DELAWARE	NO	NO	NO	NO	NO	NO	NO
DIST COLUMBIA	YES	YES	NO	NO	YES	NO	YES
FLORIDA	YES	YES	YES	NO	YES	YES	YES
GEORGIA	YES	YES	YES	NO	YES	YES	YES
HAWAII	NO	NO	NO	NO	YES	NO	NO
IDAHO	YES	YES	YES	NO	YES	YES	NO
ILLINOIS	YES	YES	YES	NO	YES	YES	NO
INDIANA	NO	NO	NO	NO	NO	NO	NO
IOWA	NO	NO	YES	NO	YES	YES	NO
KANSAS	YES	YES	YES	NO	YES	NO	YES
KENTUCKY	NO	NO	NO	NO	YES	NO	NO
LOUISIANA	NO	NO	YES	NO	YES	NO	NO
MAINE	NO	NO	NO	NO	YES	YES	NO
MARYLAND	YES	YES	YES	NO	YES	YES	YES
MASSACHUSETTS	NO	NO	NO	NO	NO	NO	NO
MICHIGAN	NO	NO	YES	NO	YES	YES	NO
MINNESOTA	NO	NO	NO	NO	NO	NO	NO
MISSISSIPPI	YES	YES	NO	NO	YES	YES	NO
MISSOURI	YES	YES	YES	NO	YES	YES	NO
MONTANA	NO	NO	NO	NO	NO	NO	NO
NEBRASKA	YES	YES	NO	NO	YES	YES	NO
NEVADA	NO	NO	YES	NO	YES	NO	NO
NEW HAMPSHIRE	YES	YES	YES	YES	YES	YES	YES
NEW JERSEY	NO	NO	YES	NO	YES	YES	NO
NEW MEXICO	NO	NO	YES	NO	YES	YES	NO
NEW YORK	NO	NO	YES	NO	YES	NO	NO
NORTH CAROLINA	YES	YES	YES	NO	YES	YES	NO
NORTH DAKOTA	YES	YES	YES	NO	YES	YES	NO
OHIO	YES	YES	YES	NO	YES	NO	NO
OKLAHOMA	NO	NO	YES	NO	YES	YES	YES
OREGON	NO	NO	NO	NO	NO	NO	NO
PENNSYLVANIA	YES	YES	YES	NO	YES	YES	NO
RHODE ISLAND	YES	YES	YES	NO	YES	NO	NO
SOUTH CAROLINA	YES	YES	YES	NO	YES	NO	NO
SOUTH DAKOTA	YES	YES	NO	NO	YES	YES	NO
TENNESSEE	YES	NO	YES	NO	YES	YES	NO
TEXAS	YES	YES	YES	NO	YES	YES	NO
UTAH	NO	NO	YES	NO	YES	YES	YES
VERMONT	YES	YES	YES	NO	YES	NO	NO
VIRGINIA	YES	YES	YES	YES	YES	NO	NO
WASHINGTON	YES	YES	YES	NO	YES	YES	NO
WEST VIRGINIA	YES	YES	YES	NO	YES	YES	NO
WISCONSIN	YES	YES	NO	YES	YES	NO	YES
WYOMING	NO	NO	NO	NO	NO	NO	NO
TOTAL STATES	29	28	35	5	43	25	11

TABLE 52

INPATIENT HOSPITAL REIMBURSEMENT SYSTEMS FOR 1986:
TYPES OF REIMBURSEMENT SYSTEMS

STATE	MEDICARE METHODS	ALTERNATIVE REIMBURSEMENT SYSTEMS*			
		MEDICAID ONLY	PLUS MEDICARE	PLUS PRIVATE	ALL PAYERS
ALABAMA	NO	--	81	--	--
ALASKA	NO	83	--	--	--
ARKANSAS	NO	84	--	--	--
CALIFORNIA	NO	--	82	--	--
COLORADO	NO	84	--	--	--
CONNECTICUT	YES	--	--	--	--
DELAWARE	YES	--	--	--	--
DIST COLUMBIA	NO	85	--	--	--
FLORIDA	NO	85	--	--	--
GEORGIA	NO	83	--	--	--
HAWAII	YES	--	--	--	--
IDAHO	NO	80	--	--	--
ILLINOIS	NO	85	--	--	--
INDIANA	NO	83	--	--	--
IOWA	NO	82	--	--	--
KANSAS	NO	83	--	--	--
KENTUCKY	YES	--	--	--	--
LOUISIANA	YES	--	--	--	--
MAINE	NO	--	--	--	84
MARYLAND	NO	--	--	--	77
MASSACHUSETTS	NO	--	--	84	--
MICHIGAN	NO	85	--	--	--
MINNESOTA	YES	--	--	--	--
MISSISSIPPI	NO	--	81	--	--
MISSOURI	NO	81	--	--	--
MONTANA	YES	--	--	--	--
NEBRASKA	NO	--	84	--	--
NEVADA	NO	83	--	--	--
NEW HAMPSHIRE	NO	--	80	--	--
NEW JERSEY	NO	--	--	--	79
NEW MEXICO	NO	85	--	--	--
NEW YORK	NO	--	81	--	--
NORTH CAROLINA	NO	82	--	--	--
NORTH DAKOTA	YES	--	--	--	--
OHIO	YES	--	--	--	--
OKLAHOMA	NO	83	--	--	--
OREGON	YES	--	--	--	--
PENNSYLVANIA	YES	--	--	--	--
RHODE ISLAND	NO	--	--	77	--
SOUTH CAROLINA	YES	--	--	--	--
SOUTH DAKOTA	YES	--	--	--	--
TENNESSEE	NO	--	83	--	--
TEXAS	YES	--	--	--	--
UTAH	NO	83	--	--	--
VERMONT	NO	82	--	--	--
VIRGINIA	NO	82	--	--	--
WASHINGTON	NO	85	--	--	--
WEST VIRGINIA	YES	--	--	--	--
WISCONSIN	NO	--	81	--	--
WYOMING	YES	--	--	--	--
TOTAL STATES	16	21	8	2	3

* ALTERNATIVE SYSTEM CATEGORIZED BY YEAR SYSTEM ADOPTED

TABLE 53

INPATIENT HOSPITAL REIMBURSEMENT FOR 1986: CHARACTERISTICS OF MEDICARE METHODS AND ALTERNATIVE SYSTEMS

	UNIT OF PAYMENT				RATE OF INCREASE CONTROL			
STATE	PER DIEM	PER CASE	CAPITATION	OTHER	UNIFORM	BY CLASS	INDIVIDUAL	OTHER
ALABAMA	YES	NO	-	NO	NO	YES	NO	NO
ALASKA	YES	NO	-	NO	NO	NO	YES	NO
ARKANSAS	YES	NO	-	NO	YES	NO	NO	NO
CALIFORNIA	YES	NO	-	NO	NO	NO	YES	NO
COLORADO	YES	NO	-	NO	YES	NO	NO	NO
CONNECTICUT	YES	NO	-	NO	NO	NO	YES	NO
DELAWARE	YES	NO	-	NO	NO	NO	YES	NO
DIST COLUMBIA	NO	YES	-	NO	NO	NO	NO	YES
FLORIDA	YES	NO	-	NO	NO	NO	YES	NO
GEORGIA	NO	YES	-	NO	YES	NO	NO	NO
HAWAII	YES	NO	-	NO	NO	YES	NO	NO
IDAHO	NO	YES	-	NO	YES	NO	NO	NO
ILLINOIS	YES	NO	-	NO	NO	NO	YES	NO
INDIANA	NO	NO	-	YES	NO	YES	NO	NO
IOWA	YES	NO	-	NO	NO	NO	NO	YES
KANSAS	YES	NO	-	NO	YES	NO	NO	NO
KENTUCKY	YES	NO	-	NO	NO	YES	NO	NO
LOUISIANA	NO	YES	-	NO	YES	NO	NO	NO
MAINE	YES	NO	-	NO	NO	NO	YES	NO
MARYLAND	YES	NO	-	NO	NO	NO	YES	NO
MASSACHUSETTS	NO	NO	-	YES	NO	NO	NO	YES
MICHIGAN	NO	YES	-	NO	YES	NO	NO	NO
MINNESOTA	NO	YES	-	NO	NO	NO	NO	YES
MISSISSIPPI	YES	NO	-	NO	YES	NO	NO	NO
MISSOURI	YES	NO	-	NO	NO	NO	YES	NO
MONTANA	NO	YES	-	NO	NO	NO	NO	YES
NEBRASKA	YES	NO	-	NO	NO	NO	YES	NO
NEVADA	NO	YES	-	NO	NO	YES	NO	NO
NEW HAMPSHIRE	NO	YES	-	NO	NO	NO	NO	YES
NEW JERSEY	YES	NO	D	NO	NO	NO	NO	YES
NEW MEXICO	NO	YES	-	NO	NO	NO	YES	NO
NEW YORK	YES	NO	-	NO	NO	YES	NO	NO
NORTH CAROLINA	YES	NO	-	NO	YES	NO	NO	NO
NORTH DAKOTA	YES	NO	-	NO	NO	YES	NO	NO
OHIO	NO	YES	-	NO	NO	NO	NO	YES
OKLAHOMA	YES	NO	-	NO	YES	NO	NO	NO
OREGON	NO	YES	-	NO	YES	NO	NO	NO
PENNSYLVANIA	YES	NO	-	NO	NO	YES	NO	NO
RHODE ISLAND	NO	NO	-	YES	NO	NO	NO	YES
SOUTH CAROLINA	NO	YES	-	NO	NO	NO	NO	YES
SOUTH DAKOTA	NO	YES	-	NO	YES	NO	NO	NO
TENNESSEE	YES	NO	-	NO	NO	NO	YES	NO
TEXAS	NO	NO	-	YES	NO	NO	YES	NO
UTAH	NO	YES	-	NO	YES	NO	NO	NO
VERMONT	YES	NO	-	NO	NO	NO	YES	NO
VIRGINIA	YES	NO	-	NO	YES	NO	NO	NO
WASHINGTON	NO	YES	-	NO	YES	NO	NO	NO
WEST VIRGINIA	NO	NO	-	YES	NO	NO	NO	YES
WISCONSIN	NO	YES	-	NO	NO	YES	NO	NO
WYOMING	YES	NO	-	NO	NO	NO	YES	NO
TOTAL STATES	28	17	1	5	15	9	15	11

D INDICATES SUB-STATE DEMONSTRATION BASIS

TABLE 54

INPATIENT HOSPITAL EXPENDITURES FOR FY 1981-1985: MEDICAID EXPENDITURE, USE AND RATE DATA

STATE	TOTAL EXPENDITURES ($000,000)				TOTAL DAYS OF CARE (000)				AVERAGE MEDICAID PAYMENT PER INPATIENT DAY ($)			
	FY 81	FY 82	FY 83	FY 85	FY 81	FY 82	FY 83	FY 35	FY 81	FY 82	FY 83	FY 85
ALABAMA	72.0	86 0	85.6	85.6	328	326	362	192	218.00	263.94	236.24	331.63
ALASKA	8.7	8.6	14.3	**	**	18	26	**	**	485.32	542.74	**
ARKANSAS	**	43.8	67.4	74.5	275	172	213	188	**	255.00	315.90	395.48
CALIFORNIA	**	1,654.1	1,383.5	1,509.9	**	3,578	2,791	2,837	**	462.00	495.65	**
COLORADO	38.8	46.4	42.1	48.4	155	167	147	139	249.89	277.75	285.82	348.22
CONNECTICUT	70.3	**	102.5	103.7	317	**	361	242	222.00	**	283.59	429.42
DELAWARE	12.9	**	15.1	15.2	37	**	33	**	**	**	458.31	**
DIST COLUMBIA	**	**	103.0	110.9	**	**	245	208	**	**	420.00	532.99
FLORIDA	143.5	177.6	198.7	227.6	641	651	652	610	223.87	272.00	309.34	373.04
GEORGIA	137.3	149.8	151.1	193.5	577	630	506	401	197.51	237.70	298.41	482.76
HAWAII	**	**	42.0	**	119	**	100	**	**	**	429.59	**
IDAHO	10.1	11.2	12.4	14.3	44	26	39	30	230.00	430.50	319.51	471.78
ILLINOIS	**	539.0	396.0	585.0	2,752	1,672	1,445	1,416	232.00	264.00	274.00	413.00
INDIANA	**	127.0	151.0	160.0	**	419	512	540	**	303.00	295.00	313.00
IOWA	**	62.5	70.4	71.9	383	345	344	290	**	181.36	204.78	248.00
KANSAS	59.6	**	**	54.3	308	**	**	177	193.37	**	**	306.40
KENTUCKY	98.8	114.0	113.5	148.8	432	403	402	414	228.34	282.00	293.17	359.26
LOUISIANA	**	125.9	127.7	186.7	362	450	458	501	**	301.99	278.72	372.51
MAINE	35.4	41.5	43.9	34.7	199	**	177	141	**	**	278.73	246.72
MARYLAND	128.9	128.9	154.3	218.6	417	400	335	339	309.04	322.38	460.18	445.04
MASSACHUSETTS	401.3	433.3	429.6	246.0	3,718	3,582	1,700	633	249.00	250.00	252.71	389.00
MICHIGAN	454.0	358 4	449.2	442.0	1,677	1,351	1,154	972	270.71	269.30	389.41	454.58
MINNESOTA	**	**	133.0	139.5	629	**	633	449	**	**	208.38	310.86
MISSISSIPPI	68.0	74.0	75.0	66.2	288	259	252	174	236.98	286.73	298.33	380.00
MISSOURI	**	122.4	123.3	133.2	516	502	441	453	**	243.99	279.72	313.62
MONTANA	14.3	**	19.0	18.8	62	**	67	48	**	**	286.00	392.72
NEBRASKA	**	27.5	30.2	35.0	186	198	191	217	**	139.22	157.88	160.47
NEVADA	18.2	22.9	27.0	16.8	92	94	**	47	**	243.50	**	360.45
NEW HAMPSHIRE	11.8	11.7	12.4	13.4	54	42	40	35	**	**	**	**
NEW JERSEY	191.0	247.1	234.5	289.0	1,307	1,253	1,275	748	146.00	173.25	183.97	**
NEW MEXICO	27.1	28.8	35.2	46.4	109	96	107	95	247.94	301.21	327.26	485.91
NEW YORK	1,461.0	1,456.0	1,581.0	**	**	5,107	4,452	**	**	285.07	355.30	**
NORTH CAROLINA	123.0	133.0	160.7	161.6	565	705	721	559	131.92	188.63	222.87	289.00
NORTH DAKOTA	**	12.0	16.6	**	58	49	53	**	**	246.00	315.00	**
OHIO	**	366.8	455.9	455.5	1,004	1,085	1,126	978	**	338.04	405.00	465.75
OKLAHOMA	95.9	114.0	139.0	124.0	433	465	490	403	221.62	245.00	277.00	307.90
OREGON	**	33.0	33.5	32.7	137	109	98	95	**	302.08	343.10	342.64
PENNSYLVANIA	630.0	560.9	610.4	529.0	1,956	2,168	2,219	1,889	214.36	275.01	287.28	280.11
RHODE ISLAND	20.2	25.0	25.2	79.0	91	87	80	236	221.67	291.03	315.33	335.00
SOUTH CAROLINA	57.0	63.0	63.0	67.6	254	189	158	158	224.45	334.00	399.00	428.69
SOUTH DAKOTA	**	14.0	15.0	20.0	52	56	69	73	157 25	262.36	222.09	269.53
TENNESSEE	97.9	**	112.4	118.4	504	**	394	265	194.05	**	285.00	501.52
TEXAS	206.3	221.2	268.3	268.2	**	776	837	647	**	284.94	320.49	414.68
UTAH	21.0	22.5	30.5	30.0	73	73	76	79	286.04	302.00	400.00	380.00
VERMONT	**	12.0	15.0	15.7	55	55	60	51	**	218.00	250.00	307.86
VIRGINIA	92.0	123.0	91.1	105.9	402	420	415	279	229.90	293.83	219.55	379.13
WASHINGTON	89.7	115.0	**	122.6	372	398	**	350	241.00	288.63	**	350.51
WEST VIRGINIA	**	55.0	57.2	60.0	**	201	179	148	**	273.05	319.00	407.27
WISCONSIN	111.9	128.0	154.6	126.4	367	353	484	385	305.28	362.00	319.53	328.60
WYOMING	**	**	6.0	7.0	10	**	15	17	**	**	400.25	401.88
SIMPLE AVERAGE									225.93	282.32	315.48	369.21

** INDICATES DATA NOT REPORTED OR NOT AVAILABLE

TABLE 55

PHYSICIAN SERVICES REIMBURSEMENT SYSTEMS

STATE	MEDICARE	FEE SCHEDULE			
	PERCENTILE OF PREVAILING	FIXED FEE SCHEDULE	RELATIVE VALUE SCALE	CAPITATION	DATE OF LAST UPDATE
ALABAMA	>75%	NO	NO	-	*
ALASKA	80%	NO	NO	-	*
ARKANSAS	-	YES	NO	-	10 83
CALIFORNIA	-	NO	YES	D	1 83
COLORADO	-	NO	YES	-	7 85
CONNECTICUT	-	YES	NO	-	11 80
DELAWARE	-	YES	NO	-	*
DIST COLUMBIA	-	YES	NO	-	10 83
FLORIDA	-	YES	NO	-	5 82
GEORGIA	-	YES	NO	-	10 85
HAWAII	80%	NO	NO	-	9 83
IDAHO	-	NO	YES	-	*
ILLINOIS	-	YES	NO	-	*
INDIANA	-	YES	NO	-	*
IOWA	75%	NO	NO	-	7 83
KANSAS	75%	NO	NO	-	*
KENTUCKY	75%	NO	NO	-	10 81
LOUISIANA	75%	NO	NO	-	3 82
MAINE	-	YES	NO	-	8 77
MARYLAND	-	YES	NO	-	*
MASSACHUSETTS	-	YES	NO	-	2 86
MICHIGAN	-	YES	NO	D	10 85
MINNESOTA	-	NO	YES	-	11 85
MISSISSIPPI	-	YES	NO	-	7 82
MISSOURI	-	YES	NO	D	*
MONTANA	-	YES	NO	-	7 84
NEBRASKA	75%	NO	NO	-	10 85
NEVADA	-	YES	NO	-	1 86
NEW HAMPSHIRE	-	YES	NO	-	6 73
NEW JERSEY	-	YES	NO	D	7 73
NEW MEXICO	75%	NO	NO	-	*
NEW YORK	-	NO	YES	D	8 80
NORTH CAROLINA	-	YES	NO	-	6 79
NORTH DAKOTA	75%	NO	NO	-	7 80
OHIO	>75%	NO	NO	-	1 86
OKLAHOMA	75%	NO	NO	-	6 83
OREGON	-	YES	NO	-	10 85
PENNSYLVANIA	-	YES	NO	-	4 85
RHODE ISLAND	-	YES	NO	D	1 85
SOUTH CAROLINA	-	NO	YES	-	7 82
SOUTH DAKOTA	-	YES	NO	-	*
TENNESSEE	85%	NO	NO	-	10 83
TEXAS	75%	NO	NO	-	9 83
UTAH	-	NO	YES	-	7 85
VERMONT	-	YES	NO	-	7 85
VIRGINIA	-	YES	NO	-	7 81
WASHINGTON	-	YES	NO	-	*
WEST VIRGINIA	-	YES	NO	-	10 79
WISCONSIN	-	YES	NO	-	1 86
WYOMING	75%	NO	NO	-	*
TOTAL STATES	15	28	7	6	

* INDICATES DATA NOT REPORTED OR NOT AVAILABLE
D INDICATES SUB-STATE DEMONSTRATION BASIS

TABLE 56

PHYSICIAN SERVICES REIMBURSEMENT FOR 1986:
MAXIMUM ALLOWABLE PHYSICIAN FEES BY SELECTED PROCEDURES AND PHYSICIAN TYPE*

	BRIEF OFFICE EXAM (90040)		APPENDECTOMY (44950)		OBSTETRICAL CARE (59400)	
STATE	GP	SPECIALIST	GP	SPECIALIST	GP	SPECIALIST
ALABAMA	11.70	11.70	405.00	405.00	450.00	450.00
ALASKA	28.41	**	**	**	**	**
ARKANSAS	12.00	12.00	275.00	275.00	500.00	500.00
CALIFORNIA	11.04	11.04	353.68	353.68	519.60	519.60
COLORADO	11.75	11.75	280.00	280.00	392.00	392.00
CONNECTICUT	8.80	**	276.00	**	376.70	**
DELAWARE	12.66	12.66	390.35	390.35	321.78	321.78
DIST COLUMBIA	20.00	20.00	315.00	315.00	600.00	600.00
FLORIDA	10.00	10.00	197.50	197.50	310.00	310.00
GEORGIA	15.60	15.60	399.50	399.50	606.38	606.38
HAWAII	11.58	13.25	413.60	453.66	326.39	416.54
IDAHO	10.50	10.50	338.40	338.40	450.00	450.00
ILLINOIS	11.50	11.50	270.00	270.00	405.00	405.00
INDIANA	17.30	17.30	533.00	533.00	505.30	533.00
IOWA	**	**	**	**	**	**
KANSAS	15.00	15.00	268.00	268.00	459.40	459.40
KENTUCKY	12.00	13.00	401.60	401.60	**	**
LOUISIANA	10.69	10.69	411.16	411.16	516.30	516.30
MAINE	8.00	8.00	217.50	217.50	500.00	500.00
MARYLAND	10.50	10.50	202.00	202.00	525.00	525.00
MASSACHUSETTS	8.00	8.00	233.00	233.00	732.70	1,027.00
MICHIGAN	7.75	7.75	271.50	271.50	409.75	409.75
MINNESOTA	15.75	15.75	520.00	520.00	455.00	455.00
MISSISSIPPI	11.55	11.55	295.05	295.05	446.25	446.25
MISSOURI	10.00	10.00	220.00	220.00	335.00	335.00
MONTANA	11.30	11.30	342.88	342.88	577.49	577.49
NEBRASKA	12.40	16.30	494.30	453.90	566.20	597.70
NEVADA	15.82	15.82	673.72	673.72	708.57	708.57
NEW HAMPSHIRE	6.00	6.00	225.00	225.00	214.00	214.00
NEW JERSEY	7.00	9.00	184.00	211.00	210.00	236.00
NEW MEXICO	10.40	11.50	367.75	396.15	305.85	354.78
NEW YORK	7.00	**	160.00	160.00	550.00	550.00
NORTH CAROLINA	11.40	13.10	378.00	378.00	400.00	454.75
NORTH DAKOTA	8.20	8.20	449.05	449.05	**	**
OHIO	12.00	12.00	337.50	337.50	**	**
OKLAHOMA	11.00	11.00	500.00	500.00	725.00	725.00
OREGON	11.07	11.07	387.98	387.98	501.93	501.93
PENNSYLVANIA	13.00	13.00	301.50	301.50	312.50	312.50
RHODE ISLAND	14.00	14.00	205.00	205.00	350.00	350.00
SOUTH CAROLINA	9.50	9.50	307.40	307.40	485.00	485.00
SOUTH DAKOTA	12.00	12.00	345.00	345.00	325.00	325.00
TENNESSEE	18.00	18.00	449.50	449.50	650.00	650.00
TEXAS	**	**	**	**	**	**
UTAH	9.92	9.92	430.12	430.12	576.35	576.35
VERMONT	8.00	8.00	225.00	225.00	350.00	350.00
VIRGINIA	8.30	8.30	236.25	236.25	262.50	262.50
WASHINGTON	13.92	13.92	290.23	290.23	535.43	535.43
WEST VIRGINIA	10.00	10.00	230.00	230.00	255.00	255.00
WISCONSIN	16.23	16.23	432.85	432.85	590.22	590.22
WYOMING	16.30	16.80	484.00	483.50	544.50	553.50
SIMPLE AVERAGE	11.93	12.01	338.76	341.31	457.67	473.11

* STATEWIDE AVERAGE FEES; PROCEDURE BY CPT-4 CODES
** INDICATES DATA NOT REPORTED OR NOT AVAILABLE

TABLE 57

OUTPATIENT HOSPITAL AND CLINIC REIMBURSEMENT - 1986

STATE	OUTPATIENT HOSPITAL SERVICES		CLINIC SERVICES	
	MEDICARE PRINCIPLES	OTHER	MEDICARE PRINCIPLES	OTHER
ALABAMA	NO	YES	NC	NC
ALASKA	NO	YES	NO	YES
ARKANSAS	NO	YES	NO	YES
CALIFORNIA	NO	YES	NO	YES
COLORADO	NO	YES	NO	YES
CONNECTICUT	NO	YES	NO	YES
DELAWARE	YES	NO	NO	YES
DIST COLUMBIA	YES	NO	YES	NO
FLORIDA	YES	NO	**	**
GEORGIA	YES	NO	**	**
HAWAII	NO	YES	YES	NO
IDAHO	YES	NO	**	**
ILLINOIS	NO	YES	NO	YES
INDIANA	NO	YES	YES	NO
IOWA	YES	NO	YES	NO
KANSAS	YES	NO	NO	YES
KENTUCKY	NO	YES	NO	YES
LOUISIANA	YES	NO	NO	YES
MAINE	NO	YES	NC	NC
MARYLAND	NO	YES	NO	YES
MASSACHUSETTS	NO	YES	NO	YES
MICHIGAN	NO	YES	NO	YES
MINNESOTA	NO	YES	YES	NO
MISSISSIPPI	YES	NO	NO	YES
MISSOURI	NO	YES	NO	YES
MONTANA	YES	NO	**	**
NEBRASKA	NO	YES	NO	YES
NEVADA	NO	YES	NO	YES
NEW HAMPSHIRE	YES	NO	YES	NO
NEW JERSEY	YES	NO	NO	YES
NEW MEXICO	YES	NO	NO	YES
NEW YORK	NO	YES	NO	YES
NORTH CAROLINA	YES	NO	NO	YES
NORTH DAKOTA	YES	NO	NO	YES
OHIO	YES	NO	YES	NO
OKLAHOMA	NO	YES	NO	YES
OREGON	YES	NO	YES	NO
PENNSYLVANIA	NO	YES	NO	YES
RHODE ISLAND	NO	YES	**	**
SOUTH CAROLINA	YES	NO	NO	YES
SOUTH DAKOTA	YES	NO	**	**
TENNESSEE	YES	NO	NO	YES
TEXAS	YES	NO	NC	NC
UTAH	NO	YES	NO	YES
VERMONT	YES	NO	NO	YES
VIRGINIA	YES	NO	**	**
WASHINGTON	NO	YES	NO	YES
WEST VIRGINIA	YES	NO	NO	YES
WISCONSIN	NO	YES	NO	YES
WYOMING	YES	NO	NC*	NC*
TOTAL STATES	25	25	8	31

NC INDICATES SERVICE NOT COVERED
* LIMITED TO SERVICES OF FAMILY PLANNING CLINICS
** DATA NOT REPORTED OR NOT AVAILABLE

TABLE 56

PRESCRIPTION DRUG REIMBURSEMENT - 1986

STATE	RETAIL PHARMACY DISPENSING FEE RANGE ($)	COPAYMENT RANGE ($)	PRESCRIPTION LIMITS PER MONTH	REFILLS	PER MONTH(S)	$ LIMIT PER MONTH	MAXIMUM QUANTITY /DAYS)	OTC* EXCLUSIONS	FORMULARY STATUS ** (LEGEND DRUG)
ALABAMA	3.25	Variable	-	5	-	-	34	B	D
ALASKA	NO DRUG PROGRAM								
ARKANSAS	4.C1	—	4	5	-	-	30	B	B
CALIFORNIA	4.05	1.00	-	-	-	-	100	B	C
COLORADO	3.78	—	-	-	-	-	100	B	C
CONNECTICUT	3.03 - 3.55	—	-	-	-	-	30	A	B
DELAWARE	3.40	—	-	-	-	-	-	B	A
DIST COLUMBIA	4.25	0.50	-	3	-	-	30	B	B
FLORIDA	4.11	—	-	-	12	22-150	-	B	C
GEORGIA	3.17 - 3.61	—	6	-	-	-	30	B	C
HAWAII	3.22	—	-	-	-	-	30	B	D
IDAHO	2.50 - 3.50	—	-	-	-	30	34	B	B
ILLINOIS	3.30	—	-	-	-	-	-	B	C
INDIANA	3.00	—	-	-	-	-	-	A	B
IOWA	3.78	1.00	-	-	-	-	-	B	B
KANSAS	2.45 - 4.67	1.00	-	-	-	-	100	A	C
KENTUCKY	3.25	—	-	5	6	-	-	B	D
LOUISIANA	3.67	—	-	5	-	-	31	B	B
MAINE	1.60	0.50	5	5	6	-	30	B	B
MARYLAND	3.45	—	-	2	-	-	100	B	B
MASSACHUSETTS	3.25	—	-	-	-	-	-	B	C
MICHIGAN	3.25	0.50	-	5	6	-	120	B	C
MINNESOTA	4.30	—	-	5	-	-	***	B	C
MISSISSIPPI	3.33	1.00	4	4	1	-	-	B	C
MISSOURI	2.50	.50 - 2.00	5	5	1	-	90	B	C
MONTANA	3.50	0.50	-	-	-	-	-	B	A
NEBRASKA	3.25 - 3.73	—	-	-	-	-	-	A	C
NEVADA	3.95	1.00	3	3	1	-	30	B	B
NEW HAMPSHIRE	2.85	0.75	-	5	6	-	90	A	C
NEW JERSEY	3.53 - 3.87	—	-	5	6	-	60	A	A
NEW MEXICO	3.65	—	-	9	1	-	-	A	A
NEW YORK	2.60	—	-	5	6	-	-	B	D
NORTH CAROLINA	3.50	0.50	6	6	1	-	-	B	A
NORTH DAKOTA	3.75	—	-	5	12	-	-	A	A
OHIO	3.12	—	-	5	-	-	34	B	C
OKLAHOMA	3.55	—	3	3	1	-	34	B	D
OREGON	3.38 - 3.68	—	6	5	1	-	100	A	A
PENNSYLVANIA	2.75	0.50	-	5	6	-	34	A	B
RHODE ISLAND	2.75 - 3.25	—	-	5	-	-	30	B	B
SOUTH CAROLINA	3.40	0.50	3	-	-	-	90	B	B
SOUTH DAKOTA	3.25	1.00	-	-	-	-	-	B	B
TENNESSEE	3.36	—	7	5	1	-	31	B	C
TEXAS	4.18	—	3	5	1	-	180	B	C
UTAH	3.75	—	-	-	-	-	-	B	A
VERMONT	2.50	1.00	-	5	-	-	30	B	A
VIRGINIA	3.40	.50 - 1.00	-	-	-	-	-	B	B
WASHINGTON	3.00	—	-	-	-	-	30	A	D
WEST VIRGINIA	2.75	.50 - 1.00	-	5	1	-	30	B	C
WISCONSIN	3.68	0.50	-	6	6	-	34	B	B
WYOMING	NO DRUG PROGRAM								

* A - ALL OR MOST OTC DRUGS REIMBURSEABLE; B - FEW OR NO OTS DRUGS REIMBURSEABLE EXCEPT INSULIN.

** A - NO DRUG LIST, ALL LEGEND DRUGS REIMBURSEABLE; B - NO DRUG LIST BUT CERTAIN CATEGORIES EXCLUDED FROM REIMBURSEMENT
C - LIMITED DRUG LIST; D - RESTRICTED DRUG LIST.

*** 30 DAYS FOR ACUTE PROBLEMS AND 100 DAYS FOR MAINTENANCE PROBLEMS

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Chapter 5. Administration and finance

This section discusses the administration of State Medicaid programs, activities associated with the administration of the programs, and data concerning the finance and data management systems.

Administration

Administration of the State Medicaid program is vested in single State agencies. Within each agency, State plans must designate a medical assistance unit responsible for developing, analyzing, and evaluating the Medicaid program. The law further requires the States to establish medical care advisory committees to advise the Medicaid agency director about health and medical services. This committee must include board certified physicians and other representatives of the health professions, members of consumer groups, and the director of either the State's public welfare or the public health department (whichever department does not run the Medicaid agency).

Activities for administering the State Medicaid program are discussed in this section and include: program administration, Medicaid Management Information System (MMIS), claims processing activity, State administration, and waivers.

Eligibility determination and program administration

States are allowed three options for administering coverage of SSI recipients (42 CFR 431.10(c)):

- States electing to extend Medicaid to all SSI recipients can enter into an agreement with the Social Security Administration under Section 1634 of the Act for determinations of Medicaid eligibility;
- States electing to extend Medicaid eligibility to recipients of SSI can maintain eligibility determinations on a State level; or
- States electing the 209(b) option (where recipients of cash assistance under SSI are not automatically eligible for Medicaid) can require cash assistance recipients to make a separate application for Medicaid.

Table 59 displays the option chosen by each State. Thirty-one States elected to have Federal determination. Five States elected to extend Medicaid to all recipients of SSI but maintain eligibility determination on a State level, while fourteen States elected the 209(b) option.

A State plan must be in operation statewide through a system of local offices under equitable standards for assistance and administration that are mandatory throughout the State (42 CFR 431.50(b)). However, the State may choose to administer the program on the State level or by political subdivision of the State. Table 59 displays the choices made by States as to the level on which the program will be administered. Forty-four States have chosen to administer the Medicaid Program on a State level, while six States have chosen local (county) administration. This means that in those States whose program is locally administered, the State plan is mandatory on each of the political subdivisions. The local administrations do not have the authority to change or disapprove any administrative decision of the State Medicaid agency with respect to the application of policies, rules, and regulations issued by the Medicaid agency.

A State plan must specify a single State agency. (Massachusetts has two State agencies: one for the blind and one for all other eligibility groups) established or designated, to administer or supervise the administration of the plan (42 CFR 431.10(b)). Generally, the administering agency has been the State health agency, welfare agency, or an umbrella agency. A possible effect of the administering agency being the health department is that the welfare department has control over the intake of eligibles in the AFDC and SSI/SSP programs. Individuals who automatically become eligible for Medicaid. This separation could create a span of control problem for the Medicaid agencies. Three States have designated the health department, 21 States have designated the welfare department, 22 States have designated an umbrella agency, and four States have designated other agencies to administer the Medicaid program. The other agencies included the Office of the Governor in Alabama, an independent agency/commission in Georgia and Mississippi, and the State Health and Human Services Finance Commission in South Carolina.

Medicaid Management Information System

The Social Security Amendments of 1972 authorized 90 percent Federal matching to States for the costs of designing, developing, installing, or improving of mechanized claims processing and information retrieval systems, and 75 percent for the costs of operating such systems, if the system is approved by the Administrator.

The MMIS is a general systems design that can be tailored by State Medicaid agencies to their own particular needs so long as the system meets Federally required minimum performance standards. The conceptual design includes six subsystems: recipient, provider, claims processing, reference file, surveillance and utilization review, and management and administration reporting. The first four subsystems work together with the overall objective of processing and paying each eligible provider for every valid claim. The other two subsystems consolidate and organize data necessary for managing and controlling the Medicaid program.

Table 60 summarizes current State progress in developing and implementing MMIS-type systems. Forty-four States have certified MMISs and operate a mechanized claims processing and information retrieval system. Tennessee has implementation planned. Five States (Alaska, Delaware, Nevada, Rhode Island, and

Wyoming) do not have and are not planning an MMIS. Forty-four States reported that they had an active surveillance and utilization review (SUR) module while five States did not. Wyoming failed to respond. The number of integrity reviews for the most recent year reported by States varied from one in Massachusetts to 5,415 in New York. Alabama, Indiana, and Texas also reported over 1,000 integrity reviews.

Medicaid claims processing activity

States handle processing Medicaid claims in different ways. There is variability in who handles the claims for each service type. Table 61 displays five types of services and the processor for claims by State. For inpatient hospital services, 30 States use fiscal agents to handle claims; 16 States do their own claims processing; three States assign certain functions to fiscal agents and the States themselves perform certain functions; and one State, Texas, has a health insuring agency. Claims processing activities for physician services are provided in exactly the same manner as inpatient hospital services in each State. Claims processing activities for dental services are handled by fiscal agents in 30 States, by the States themselves in 16 States, and by a combination of fiscal agent/State in four States. Claims processing activities for prescription drugs are handled by fiscal agents in 30 States,by States themselves in 17 States, and by a combination of fiscal agent/State in three States. Claims processing activities for long-term care facilities are handled by fiscal agents in 25 States, by States themselves in 21 States, and by a combination of fiscal agent/State in four States.

Medicaid quality control

Each State agency must operate a Medicaid Quality Control (MQC) system designed to reduce erroneous expenditures by monitoring eligibility determinations, third-party liability activities, and claims processing (42 CFR 431.800(a)). A summary report on eligibility findings and payment error findings for all cases in the six-month sample is submitted to HCFA. Table 62 contains data for the October-March 1986 sampling period (the most recent period available), and the previous period, April-September 1985. The eligibility payment error rate refers to the payment rate of eligibility errors detected under the MQC system for that review period. The eligibility payment error rate for October-March 1986 ranged from 0.0 in New Hampshire to 12.5 in Louisiana.

State administration and training

Medicaid regulations establish certain standards concerning personnel administration and training in State Medicaid programs (42 CFR 432.30-66). The State plan must provide for a training program for agency personnel and this program must include in-service training for new staff, be related to job duties, and be consistent with program objectives. Finally, the State plan must provide for the training and effective use of sub-professional staff and unpaid volunteers. Federal financial participation is available to States for administrative costs. Table 63 displays the State fiscal year, the amount computable for Federal funding, the adjusted Federal share, and the State share for FY 1986 by State.

Waiver of Medicaid requirements

A State Medicaid plan must provide that certain requirements regarding Statewideness be met (42 CFR 431.50(b)). Statewideness means that the State plan will be in operation through a system of local offices, under equitable standards for assistance and administration that are mandatory throughout the State. If the State plan is administered by political subdivisions of the State, it is mandatory on those subdivisions. The Medicaid agency must assure that the plan is continuously in operation in all local offices or agencies through methods for informing staff, systematic planned examination and evaluation of operations in local offices, reports, controls, and other methods. However, there are exceptions with respect to:

- Services offered by comprehensive health services organizations;
- Services offered by rural health clinics;
- Arrangements to purchase medical devices or laboratory and x-ray services;
- Lock-in or lock-out restrictions; and
- Services offered under a waiver with respect to home and community based services.

In addition, the Secretary may waive the requirements of sections 1902 and 1903(m) of the Act to the extent he or she finds proposed improvements in the provision of services under Medicaid to be cost-effective, efficient, and consistent with the objectives of the Medicaid program. Such waivers are allowed for:

- Case-management systems;
- Locality as central broker;
- Sharing of cost savings; and
- Restrictions of freedom of choice.

Waiver activities are discussed below for section 2175 freedom of choice waivers, and section 2176 home and community based services waivers (PL 97-35). Note that the waiver activities are reported as of March 31, 1986.*

Section 2175 freedom of choice waivers

Section 2175 attempts to increase the importance of price considerations in the decision about when, where, and how to utilize health care services. Each of the

* For current information on the status of section 2175 freedom of choice waivers, contact the Division of Medicaid Eligibility Policy, BERC, (301) 597-3873. For current information on the status of 2176 home and community based services waivers contact the Division of Coverage Policy, BERC (301) 594-9740.

waivers focuses on a different part of the health care decision making process and allows a State to:

- Implement a primary care case management system focusing on primary care physicians;
- Share with recipients, through the provision of additional services, savings resulting from recipients' use of more cost-effective medical care; and
- Restrict recipients to receiving services (other than in emergency situations) from only efficient and cost effective providers.

The waivers can be granted for a period of up to two years and a State may request a continuation. There is no limit to the number of waivers a State may submit.

As of March 31, 1986, 29 freedom of choice waivers had been approved by HCFA central office from a total of 18 States. The States submitting these waivers as well as their current status are identified in Table 64. The waiver applications are classified based upon either a reference to a specific provision within the application itself or HCFA's preliminary classification of the request when received. Of the 43 waiver services requested in 29 waivers, 21 were submitted under the primary care case management authority, two were submitted under localities as brokers, five were submitted under cost-sharing with recipients, fifteen were submitted under restriction to cost-effective providers.

Section 2176 home and community based services waivers

Section 1915(c) of the Omnibus Reconciliation Act permits States to offer, under a waiver, an array of home and community based services that an individual needs to avoid institutionalization. As of March 31, 1986, 75 home and community based services waiver applications had been approved by HCFA central office from a total of 40 States. The States submitting these waivers, as well as their current status, are identified in Table 65. Effective dates are given for each approval. The waivers applications are classified as to type of service provided by eligibility group. There are eight possible service categories and four identifiable eligibility groups (aged, disabled, mentally retarded, mentally ill).

The approved applications have provisions to provide services for the aged and disabled population in 34 States, the mentally retarded in 28 States, and the mentally ill in three States.

As previously stated, there are eight service categories that can be provided as home and community based services. Each approved waiver provides, on the average, four services. Of the approved waivers, 62 provide for case management services, 31 provide homemaker services, 16 provide home health aide services, 29 provide personal care services, 36 provide adult day care services, 27 provide habilitation services, 48 provide respite care, and 46 provide other services. Other services are delineated on Table 66 and include such services as transportation, minor home modifications, hospice, counseling, chores, etc.

Finance

Payments to providers of health care to the Medicaid eligible population come from several sources including:

- The Federal government through the Medicaid Federal Medical Assistance Percentages formula,
- The Federal government through the Medicare program;
- State governments;
- Allow a locality to act as central broker in assisting Medicaid recipients in selecting among competing health plans;
- Local governments (in some States);
- Third parties who are otherwise liable for care provided to Medicaid eligibles; and
- The Medicaid eligibles themselves.

This section presents data on Federal, State, local, and third-party collections. Information is not available on private third-party payments or expenditures contributed by the Medicaid eligibles themselves.

Medicaid vendor payments by State

The Federal Government makes payment to States, on the basis of a Federal medical assistance percentage, for part of their expenditures for services under an approved State plan. The formula used in determining the State and Federal share (42 CFR 433.10) is as follows:

State share = (State per capita income)^2 (National per capita income)^2 x 45%

Federal share = 100% minus the State share (minimum Federal share of 50% and a maximum of 83%)

By design, the formula provides a higher percentage of Federal matching funds to States with low per capita incomes (up to a maximum of 83 percent); and a lower percentage of Federal matching funds to States with high per capita incomes (down to a minimum of 50 percent). The percent Federal share is computed biannually.[7]

Table 67 presents the Federal Medicaid assistance percentages in effect for FY 1986. No State receives the maximum Federal match (Mississippi receives the highest at 78.42 percent), while 12 States receive the minimum. The simple national average computes to 55.58 percent. These percentages apply to medical vendor payments only. Federal matching rates for other expenditures are as follows:

- Administration of family planning services—90 percent;
- State Medicaid fraud control units—90 percent;
- Design, development, or installation of MMIS—90 percent;
- Operation of MMIS—75 percent;
- Compensation and training of skilled professional medical personnel and staff directly supporting those personnel—75 percent;

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[7] Effective with FY 1987, the percent Federal share will be calculated annually in accordance with COBRA, Section 9528.

- Contracted PSRO medical and utilization review - 75 percent; and
- All other activities the Secretary finds necessary for proper and efficient administration of the State plan - 50 percent.

The share of total expenditures for medical assistance borne by the States will also vary with the extent to which States provide medical assistanc to State-only categories of eligibles, and offer services which do not qualify for Federal financial participation.

The first column of Table 67 presents the total Medicaid vendor payments subject to Federal financial participation (FFP). These figures represent each State's claim for disallowances, and suspensions taken by the regional office or paid in that fiscal year. Thus, these figures are not exactly the same as the Figures reported by States on their HCFA-2082 annual report. The total U.S. payment computable for Federal funfing in FY 1986 was $42.1 billion with New York ($8.3 billion) and Wyoming ($33 million) being the two extremes. The adjusted Federal share is the official accounting of payments to providers and reflects such accounting adjustments as changes in payments to cost reimbursed providers following year end audits. The adjusted Federal share for the U.S. in FY 1986 was $23.4 billion with New York receiving the largest amount ($4.2 billion) and Wyoming receiving the smallest amount ($17 million).

The total States' share of Medicaid vendor payments in FY 1985 was $18.7 billion. Some States require that local jurisdictions pay part of the State share. However, a State must pay at least 40 percent of the non-Federal share of total expenditures under the plan (42 CFR 433.33(b)). Local jurisdictions can pay up to 60 percent of the non-Federal share. Not all States require that local jurisdictions share in the cost and those that do are not required to report that amount to HCFA.

Local funding formulas for Medicaid vendor payments.

Table 68 presents the local funding formulas for 14 States for Medicaid vendor payments. These formulas range from Colorado requiring the 20 largest counties to pay 2 percent of the States share for all new ICF nursing home admissions to New York requiring counties to pay 28-50 percent of the non-Federal share. Thus, there is a wide variance in the amount of local funds required by the States that use local funding.

Medicaid third party collections

Table 69 reports the Medicaid Third Party Collections for FY 1986. The State agencies must take reasonable measures to determine the legal liability of third parties to pay for services under the plan. The agency has the following options for pay payment of the claims:

- Pay the amount remaining after the amount of the third party's liability has been established; or
- Pay the full amount allowed and seek reimbursement from any liable third party to the limit of legal liability.

Collections vary from $20 million in New York to zero in Maine and Nevada for FY 1986.

TABLE 59

MEDICAID ELIGIBILITY DETERMINATION, PROGRAM OPERATION AND ADMINISTERING AGENCY

STATE	ELIGIBILITY DETERMINATION			PROGRAM ADMINISTRATION	ADMINISTERING AGENCY
	1634	STATE DETERMINATION	209 (B) STATE		
ALABAMA	YES	NO	NO	STATE	OTHER
ALASKA	NO	YES	NO	STATE	UMBRELLA AGENCY
ARKANSAS	YES	NO	NO	STATE	UMBRELLA AGENCY
CALIFORNIA	YES	NO	NO	COUNTY	WELFARE DEPT.
COLORADO	YES	NO	NO	STATE	WELFARE DEPT.
CONNECTICUT	NO	NO	YES	STATE	WELFARE DEPT.
DELAWARE	YES	NO	NO	STATE	UMBRELLA AGENCY
DIST COLUMBIA	YES	NO	NO	STATE	UMBRELLA AGENCY
FLORIDA	YES	NO	NO	STATE	UMBRELLA AGENCY
GEORGIA	YES	NO	NO	STATE	OTHER
HAWAII	NO	NO	YES	STATE	UMBRELLA AGENCY
IDAHO	NO	YES	NO	STATE	UMBRELLA AGENCY
ILLINOIS	NO	NO	YES	STATE	WELFARE DEPT.
INDIANA	NO	NO	YES	STATE	WELFARE DEPT.
IOWA	YES	NO	NO	STATE	WELFARE DEPT.
KANSAS	NO	YES	NO	STATE	UMBRELLA AGENCY
KENTUCKY	YES	NO	NO	STATE	WELFARE DEPT.
LOUISIANA	YES	NO	NO	STATE	UMBRELLA AGENCY
MAINE	YES	NO	NO	STATE	UMBRELLA AGENCY
MARYLAND	YES	NO	NO	STATE	HEALTH DEPT.
MASSACHUSETTS	YES	NO	NO	STATE	WELFARE DEPT.
MICHIGAN	YES	NO	NO	STATE	WELFARE DEPT.
MINNESOTA	NO	NO	YES	COUNTY	WELFARE DEPT.
MISSISSIPPI	YES	NO	NO	STATE	OTHER
MISSOURI	NO	NO	YES	STATE	WELFARE DEPT.
MONTANA	YES	NO	NO	STATE	UMBRELLA AGENCY
NEBRASKA	NO	NO	YES	STATE	WELFARE DEPT.
NEVADA	NO	YES	NO	STATE	UMBRELLA AGENCY
NEW HAMPSHIRE	NO	NO	YES	STATE	UMBRELLA AGENCY
NEW JERSEY	YES	NO	NO	STATE	UMBRELLA AGENCY
NEW MEXICO	YES	NO	NO	STATE	UMBRELLA AGENCY
NEW YORK	YES	NO	NO	COUNTY	WELFARE DEPT.
NORTH CAROLINA	NO	NO	YES	COUNTY	UMBRELLA AGENCY
NORTH DAKOTA	NO	NO	YES	COUNTY	WELFARE DEPT.
OHIO	NO	NO	YES	COUNTY	WELFARE DEPT.
OKLAHOMA	NO	NO	YES	STATE	WELFARE DEPT.
OREGON	NO	YES	NO	STATE	UMBRELLA AGENCY
PENNSYLVANIA	YES	NO	NO	STATE	WELFARE DEPT.
RHODE ISLAND	YES	NO	NO	STATE	WELFARE DEPT.
SOUTH CAROLINA	YES	NO	NO	STATE	OTHER
SOUTH DAKOTA	YES	NO	NO	STATE	WELFARE DEPT.
TENNESSEE	YES	NO	NO	STATE	HEALTH DEPT.
TEXAS	YES	NO	NO	STATE	WELFARE DEPT.
UTAH	NO	NO	YES	STATE	HEALTH DEPT.
VERMONT	YES	NO	NO	STATE	UMBRELLA AGENCY
VIRGINIA	NO	NO	YES	STATE	UMBRELLA AGENCY
WASHINGTON	YES	NO	NO	STATE	UMBRELLA AGENCY
WEST VIRGINIA	YES	NO	NO	STATE	WELFARE DEPT.
WISCONSIN	YES	NO	NO	STATE	UMBRELLA AGENCY
WYOMING	YES	NO	NO	STATE	UMBRELLA AGENCY
TOTAL STATES	31	5	14		

TABLE 60

STATUS OF MEDICAID MANAGEMENT INFORMATION SYSTEMS AS OF MARCH 31, 1986

STATE	CERTIFICATION			MMIS REQUIRED	ACTIVE SUR MODULE	NUMBER OF INTEGRITY REVIEWS*
	CERTIFIED	ANTICIPATED FY 1986	IMPLEMENTATION PLANNED			
ALABAMA	YES	NO	NO	YES	YES	1,519
ALASKA	NO	NO	NO	NO	YES	25
ARKANSAS	YES	NO	NO	YES	NO	**
CALIFORNIA	YES	NO	NO	YES	YES	167
COLORADO	YES	NO	NO	YES	YES	193
CONNECTICUT	YES	NO	NO	YES	YES	379
DELAWARE	NO	NO	NO	NO	NO	**
DIST COLUMBIA	YES	NO	NO	YES	YES	198
FLORIDA	YES	NO	NO	YES	YES	385
GEORGIA	YES	NO	NO	YES	YES	479
HAWAII	YES	NO	NO	YES	YES	152
IDAHO	YES	NO	NO	YES	YES	119
ILLINOIS	YES	NO	NO	YES	YES	795
INDIANA	YES	NO	NO	YES	YES	1,242
IOWA	YES	NO	NO	YES	YES	194
KANSAS	YES	NO	NO	YES	YES	813
KENTUCKY	YES	NO	NO	YES	YES	260
LOUISIANA	YES	NO	NO	YES	YES	426
MAINE	YES	NO	NO	YES	YES	363
MARYLAND	YES	NO	NO	YES	YES	226
MASSACHUSETTS	YES	NO	NO	YES	YES	1
MICHIGAN	YES	NO	NO	YES	YES	122
MINNESOTA	YES	NO	NO	YES	YES	950
MISSISSIPPI	YES	NO	NO	YES	YES	233
MISSOURI	YES	NO	NO	YES	YES	361
MONTANA	YES	NO	NO	YES	YES	24
NEBRASKA	YES	NO	NO	YES	YES	306
NEVADA	NO	NO	NO	NO	NO	**
NEW HAMPSHIRE	YES	NO	NO	YES	YES	230
NEW JERSEY	YES	NO	NO	YES	YES	464
NEW MEXICO	YES	NO	NO	YES	YES	47
NEW YORK	YES	NO	NO	YES	YES	5,415
NORTH CAROLINA	YES	NO	NO	YES	YES	559
NORTH DAKOTA	YES	NO	NO	YES	YES	**
OHIO	YES	NO	NO	YES	YES	108
OKLAHOMA	YES	NO	NO	YES	YES	360
OREGON	YES	NO	NO	YES	YES	235
PENNSYLVANIA	YES	NO	NO	YES	YES	198
RHODE ISLAND	NO	NO	NO	NO	NO	151
SOUTH CAROLINA	YES	NO	NO	YES	YES	231
SOUTH DAKOTA	YES	NO	NO	YES	YES	**
TENNESSEE	NO	NO	YES	YES	NO	**
TEXAS	YES	NO	NO	YES	YES	1,044
UTAH	YES	NO	NO	YES	YES	4
VERMONT	YES	NO	NO	YES	YES	150
VIRGINIA	YES	NO	NO	YES	YES	331
WASHINGTON	YES	NO	NO	YES	YES	321
WEST VIRGINIA	YES	NO	NO	YES	YES	302
WISCONSIN	YES	NO	NO	YES	YES	347
WYOMING	NO	NO	NO	NO	**	**
TOTAL STATES	44	0	1	45	44	

* FOR LATEST YEAR AVAILABLE
** DATA NOT AVAILABLE OR NOT APPLICABLE

TABLE 61

MEDICAID CLAIMS PROCESSING STATUS AS OF MARCH 31, 1986

STATE	TYPE OF CLAIM				
	INPATIENT HOSPITAL	PHYSICIANS SERVICES	DENTAL SERVICES	PRESCRIPTION DRUGS	LONG-TERM CARE FACILITIES
ALABAMA	F	F	F	F	F
ALASKA	F	F	F	F	F
ARKANSAS	F	F	F	F	S
CALIFORNIA	F	F	FS	F	F
COLORADO	F	F	F	F	F
CONNECTICUT	F	F	F	F	F
DELAWARE	F	F	F	F	S
DIST COLUMBIA	F	F	F	F	F
FLORIDA	F	F	F	F	F
GEORGIA	F	F	F	F	F
HAWAII	F	F	F	F	F
IDAHO	FS	FS	FS	FS	FS
ILLINOIS	S	S	S	S	S
INDIANA	F	F	F	F	F
IOWA	F	F	F	F	FS
KANSAS	F	F	F	F	F
KENTUCKY	F	F	F	F	F
LOUISIANA	F	F	F	F	F
MAINE	S	S	S	S	S
MARYLAND	S	S	S	S	S
MASSACHUSETTS	F	F	F	F	F
MICHIGAN	S	S	S	S	S
MINNESOTA	S	S	S	S	S
MISSISSIPPI	F	F	F	F	F
MISSOURI	F	F	F	F	F
MONTANA	F	F	F	F	F
NEBRASKA	S	S	S	S	S
NEVADA	FS	FS	FS	FS	FS
NEW HAMPSHIRE	F	F	F	F	F
NEW JERSEY	F	F	F	F	S
NEW MEXICO	F	F	F	F	F
NEW YORK	F	F	F	F	F
NORTH CAROLINA	F	F	F	F	F
NORTH DAKOTA	S	S	S	S	S
OHIO	S	S	S	S	S
OKLAHOMA	S	S	S	S	S
OREGON	S	S	S	S	S
PENNSYLVANIA	S	S	S	S	S
RHODE ISLAND	S	S	S	S	S
SOUTH CAROLINA	S	S	S	S	S
SOUTH DAKOTA	S	S	S	S	S
TENNESSEE	F	F	F	F	F
TEXAS	I	I	S	S	S
UTAH	S	S	S	S	S
VERMONT	F	F	F	F	F
VIRGINIA	F	F	F	F	F
WASHINGTON	FS	FS	FS	FS	FS
WEST VIRGINIA	F	F	F	F	S
WISCONSIN	F	F	F	F	F
WYOMING	S	S	F	S	S

F FISCAL AGENT PROCESSES CLAIMS
S STATE AGENCY PROCESSES CLAIMS
FS BOTH STATE AND FISCAL AGENT PROCESSES CLAIMS
I INSURANCE PROCESSES CLAIMS

TABLE 62

MEDICAID ELIGIBILITY PAYMENT ERROR RATES (%)

STATE	APRIL-SEPTEMBER 1985	OCTOBER-MARCH 1986
ALABAMA	3.0	0.8
ALASKA	0.8	0.8
ARKANSAS	3.3	2.0
CALIFORNIA	5.4	3.4
COLORADO	2.4	5.8
CONNECTICUT	3.0	2.4
DELAWARE	1.5	0.2
DIST COLUMBIA	2.0	0.9
FLORIDA	1.8	2.8
GEORGIA	5.9	1.9
HAWAII	1.6	0.4
IDAHO	3.0	2.9
ILLINOIS	2.3	1.9
INDIANA	5.5	0.2
IOWA	2.1	1.8
KANSAS	2.7	1.4
KENTUCKY	1.8	1.1
LOUISIANA	1.7	12.5
MAINE	2.3	3.3
MARYLAND	2.1	3.4
MASSACHUSETTS	2.1	3.2
MICHIGAN	2.5	1.8
MINNESOTA	2.1	4.6
MISSISSIPPI	1.4	0.8
MISSOURI	2.4	3.1
MONTANA	0.3	0.6
NEBRASKA	2.3	1.1
NEVADA	0.3	0.4
NEW HAMPSHIRE	3.2	0.0
NEW JERSEY	1.7	0.8
NEW MEXICO	3.2	1.8
NEW YORK	2.2	1.9
NORTH CAROLINA	0.5	1.1
NORTH DAKOTA	1.2	1.8
OHIO	2.9	2.6
OKLAHOMA	5.5	3.1
OREGON	1.5	1.1
PENNSYLVANIA	3.2	2.2
RHODE ISLAND	2.1	3.8
SOUTH CAROLINA	2.4	3.3
SOUTH DAKOTA	0.4	2.3
TENNESSEE	2.1	1.8
TEXAS	2.6	3.1
UTAH	2.0	0.2
VERMONT	1.9	0.7
VIRGINIA	1.5	1.6
WASHINGTON	3.0	3.1
WEST VIRGINIA	1.2	0.6
WISCONSIN	3.6	6.0
WYOMING	0.4	3.4
WEIGHTED AVERAGE	2.3	2.2

SOURCE: BUREAU OF QUALITY CONTROL, HCFA.

TABLE 63

MEDICAID COSTS FOR STATE ADMINISTRATION AND TRAINING FOR FY 1986

STATE	YEAR END	AMOUNT COMPUTABLE FOR FEDERAL FUNDING ($000)	ADJUSTED FEDERAL SHARE ($000)	STATE SHARE ($000)
ALABAMA	9 30	15,336	10,366	4,970
ALASKA	6 30	4,531	2,495	2,036
ARKANSAS	6 30	18,779	12,316	6,463
CALIFORNIA	6 30	301,316	177,913	123,403
COLORADO	6 30	17,197	10,048	7,149
CONNECTICUT	6 30	31,063	17,541	13,552
DELAWARE	6 30	3,560	1,919	1,641
DIST COLUMBIA	9 30	17,929	10,438	7,491
FLORIDA	6 30	43,844	25,337	18,507
GEORGIA	6 30	38,433	22,409	16,024
HAWAII	6 30	9,067	5,604	3,463
IDAHO	6 30	4,762	3,084	1,678
ILLINOIS	6 30	76,475	43,212	33,263
INDIANA	6 30	28,716	15,631	13,085
IOWA	6 30	15,347	9,470	5,877
KANSAS	6 30	12,714	7,855	4,859
KENTUCKY	6 30	28,360	17,538	10,822
LOUISIANA	6 30	31,169	18,321	12,848
MAINE	6 30	13,045	7,911	5,134
MARYLAND	6 30	34,925	20,893	14,032
MASSACHUSETTS	6 30	67,702	39,434	28,268
MICHIGAN	9 30	95,260	55,909	39,351
MINNESOTA	6 30	52,801	28,945	23,856
MISSISSIPPI	6 30	11,153	7,017	4,136
MISSOURI	6 30	23,874	13,735	10,139
MONTANA	6 30	7,278	4,919	2,359
NEBRASKA	6 30	12,163	7,148	5,015
NEVADA	6 30	5,993	3,251	2,742
NEW HAMPSHIRE	6 30	9,953	6,608	3,345
NEW JERSEY	6 30	71,280	45,854	25,426
NEW MEXICO	6 30	9,100	5,908	3,192
NEW YORK	3 31	375,015	224,638	150,377
NORTH CAROLINA	6 30	36,376	19,995	16,381
NORTH DAKOTA	6 30	7,945	4,610	3,335
OHIO	6 30	67,624	39,492	28,132
OKLAHOMA	6 30	39,796	21,525	18,266
OREGON	6 30	36,263	21,995	14,268
PENNSYLVANIA	6 30	103,835	61,196	42,639
RHODE ISLAND	6 30	7,931	4,207	3,724
SOUTH CAROLINA	6 30	22,674	13,309	9,365
SOUTH DAKOTA	6 30	2,531	1,590	941
TENNESSEE	6 30	33,278	21,049	12,229
TEXAS	8 31	115,911	71,764	44,147
UTAH	6 30	15,150	9,411	5,739
VERMONT	6 30	8,278	5,216	3,062
VIRGINIA	6 30	34,863	19,547	15,316
WASHINGTON	6 30	44,216	24,942	19,274
WEST VIRGINIA	6 30	10,654	6,816	3,838
WISCONSIN	6 30	38,828	23,031	15,797
WYOMING	6 30	1,421	734	687
TOTAL STATES		2,115,715	1,254,101	861,614

SOURCE: HCFA-64 QUARTERLY REPORT, BUREAU OF PROGRAM OPERATIONS, HCFA.

TABLE 64

APPROVED 2175 FREEDOM OF CHOICE WAIVERS AS OF MARCH 31, 1986

STATE	SUBJECT	EFFECTIVE DATE	PRIMARY CARE CASE MANAGEMENT	LOCALITIES AS BROKERS	COST SHARING WITH RECIPIENTS	RESTRICTED TO COST EFFECTIVE PROVIDERS
ALABAMA	None	--	--	--	--	--
ALASKA	None	--	--	--	--	--
ARKANSAS	None	--	--	--	--	--
CALIFORNIA	Selective Provider Contracting	10-01-84	NO	NO	NO	YES
	Primary Care Case-Management Program	01-01-84	YES	NO	NO	NO
	San Mateo Organized Health System	07-14-85	YES	NO	NO	YES
	Expanded Choice Health Care Plan Program	08-06-85	YES	YES	NO	YES
COLORADO	Primary Care Physician Case Management	08-15-85	YES	NO	NO	NO
CONNECTICUT	Case Management	08-20-85	YES	NO	NO	NO
DELAWARE	None	--	--	--	--	--
DIST COLUMBIA	None	--	--	--	--	--
FLORIDA	None	--	--	--	--	--
GEORGIA	None	--	--	--	--	--
HAWAII	None	--	--	--	--	--
IDAHO	None	--	--	--	--	--
ILLINOIS	Illinois Competitive Access & Reimbursement Equity Program	03-05-85	NO	NO	NO	YES
INDIANA	None	--	--	--	--	--
IOWA	None	--	--	--	--	--
KANSAS	Primary Care Network	01-01-84	YES	NO	NO	NO
KENTUCKY	Primary Care Case Management System	01-30-86	YES	NO	NO	NO
LOUISIANA	None	--	--	--	--	--
MAINE	None	--	--	--	--	--
MARYLAND	None	--	--	--	--	--
MASSACHUSETTS	None	--	--	--	--	--
MICHIGAN	Primary Care Physician Sponsor Program	07-01-84	YES	NO	NO	NO
	Capitated Ambulatory Program	01-01-86	YES	NO	NO	NO
	Primarily Mental Health Clinic Sponsor Program	04-01-83	YES	NO	NO	YES
MINNESOTA	None	--	--	--	--	--
MISSISSIPPI	None	--	--	--	--	--
MISSOURI	None	--	--	--	--	--
MONTANA	None	--	--	--	--	--
NEBRASKA	None	--	--	--	--	--
NEVADA	Primary Care Case Management Program	09-27-83	YES	NO	NO	NO
NEW HAMPSHIRE	None	--	--	--	--	--
NEW JERSEY	None	--	--	--	--	--
NEW MEXICO	None	--	--	--	--	--

TABLE 64 (CONTINUED)

APPROVED 2175 FREEDOM OF CHOICE WAIVERS AS OF MARCH 31, 1986

STATE	SUBJECT	EFFECTIVE DATE	PRIMARY CARE CASE MANAGEMENT	LOCALITIES AS BROKERS	COST SHARING WITH RECIPIENTS	RESTRICTED TO COST EFFECTIVE PROVIDERS
NEW YORK	Ambulette And Livery Services	09-17-84	NO	NO	NO	YES
NORTH CAROLINA	Gatekeeper/Capitation With Incentive Plan	01-15-83	YES	NO	YES	NO
NORTH DAKOTA	None	--	--	--	--	--
OHIO	Competitive Bidding Under Ohio Medicaid	07-01-84	NO	NO	NO	YES
OKLAHOMA	None	--	--	--	--	--
OREGON	Capitated Physician Care Case Management	12-01-84	YES	NO	NO	YES
PENNSYLVANNIA	Primary Care Case Management Program	02-03-86	YES	NO	YES	YES
RHODE ISLAND	None	--	--	--	--	--
SOUTH CAROLINA	High Risk Channelling Project	01-18-85	YES	NO	YES	YES
SOUTH DAKOTA	None	--	--	--	--	--
TENNESSEE	Primary Care Case Management Projects	01-01-85	YES	NO	NO	NO
	Primary Care Network	04-19-83	YES	NO	YES	NO
TEXAS	None	--	--	--	--	--
UTAH	Case Management System	03-23-84	YES	YES	NO	NO
	Selective Provider Contracting Program	09-09-83	NO	NO	NO	YES
	Prepaid Health Program	01-01-84	NO	NO	NO	YES
VERMONT	None	--	--	--	--	--
VIRGINIA	None	--	--	--	--	--
WASHINGTON	Drug Capitation Program	07-01-83	NO	NO	NO	YES
	KPS Capition Plan	01-01-86	YES	NO	NO	NO
WEST VIRGINIA	None	--	--	--	--	--
WISCONSIN	HMO Primary Care Case Management	04-01-86	YES	NO	YES	YES
	Mental Health Gatekeeper Program	11-09-84	NO	NO	NO	YES
	Primary Care Case Management For Beneficiaries Not Enrolled in HMOs	01-04-85	YES	NO	NO	NO
WYOMING	None	--	--	--	--	--
	Total Waivers	29	21	2	5	15

SOURCE: HCFA, BUREAU OF ELIGIBILITY, REIMBURSEMENT AND COVERAGE, THE OFFICE OF ELIGIBILITY POLICY

TABLE 65

APPROVED 2176 HOME AND COMMUNITY BASED SERVICES WAIVERS AS OF MARCH 31, 1986

STATE	NUMBER OF WAIVERS	EFFECTIVE DATES	ELIGIBILITY GROUP*	SERVICES PROVIDED AS ALTERNATIVE TO INSTITUTIONAL CARE							
				CASE MANAGEMENT	HOMEMAKER	HOME HEALTH AIDE	PERSONAL CARE	ADULT DAY CARE	HABILITATION	RESPITE CARE	OTHER
ALABAMA	2	10/84	A/D	YES	YES	NO	YES	YES	NO	YES	NO
		10/85	MR	NO	NO	NO	NO	NO	YES	NO	NO
CALIFORNIA	2	7/83	A/D	YES	NO	YES	YES	NO	NO	YES	YES
		9/85	MR	NO	YES	YES	YES	YES	YES	YES	YES
COLORADO	3	7/85	A/D	YES	YES	NO	YES	YES	NO	YES	NO
		10/85(MODEL)	A/D	YES	YES	NO	YES	YES	NO	YES	NO
		11/85	MR	YES	NO	NO	YES	NO	YES	YES	NO
CONNECTICUT	2	10/83(MODEL)	A/D, MR	YES	NO	NO	NO	NO	NO	NO	NO
		1/88	A/D	YES	YES	NO	NO	YES	NO	NO	YES
FLORIDA	3	4/85	A/D	YES	YES	NO	NO	YES	NO	YES	NO
		5/85	MR	YES	NO	NO	NO	YES	NO	YES	YES
		7/85	A/D	YES	YES	YES	YES	YES	NO	YES	YES
GEORGIA	3	9/84(MODEL)	A/D	YES	NO	NO	NO	NO	NO	NO	YES
		10/84(MODEL)	A/D	YES	NO	NO	NO	NO	NO	NO	NO
		10/84	A/D	YES	YES	YES	YES	NO	NO	YES	YES
HAWAII	1	6/83	A/D	YES	YES	NO	YES	YES	YES	YES	YES
IDAHO	1	1/84	A/D, MR	NO	NO	NO	NO	YES	NO	NO	NO
ILLINOIS	2	12/83	MR	YES	NO	NO	NO	NO	YES	YES	NO
		7/85(MODEL)	A/D	YES	NO	NO	NO	NO	NO	YES	YES
INDIANA	1	9/84	A/D	YES	YES	NO	NO	NO	NO	YES	NO
IOWA	1	8/84(MODEL)	A/D, MR	NO	YES	YES	YES	YES	NO	YES	YES
KANSAS	1	3/85	A/D, MR	YES	YES	NO	NO	YES	YES	YES	YES
KENTUCKY	2	7/83	A/D	YES	YES	YES	YES	YES	NO	YES	NO
		1/84	A/D	NO	NO	NO	NO	YES	NO	NO	NO
LOUISIANA	1	1/85	A/D	NO	NO	NO	NO	YES	NO	NO	NO
MAINE	2	7/83	MR	YES	NO	NO	NO	NO	YES	YES	NO
		5/85	A/D	YES	YES	YES	YES	YES	NO	NO	YES
MARYLAND	2	2/84	MR	YES	NO	NO	NO	NO	YES	NO	NO
		1/85(MODEL)	A/D	YES	NO	NO	NO	NO	NO	NO	YES
MASSACHUSETTS	2	1/84	A/D	YES	YES	NO	NO	NO	NO	YES	YES
		1/84	MR	YES	NO	NO	YES	YES	NO	YES	YES
MINNESOTA	3	7/84	MR	YES	YES	NO	NO	NO	YES	YES	NO
		4/85(MODEL)	A/D	YES	YES	NO	NO	NO	NO	YES	YES
		7/85	A/D	YES	YES	YES	YES	YES	NO	YES	YES
MISSOURI	2	1/84	A/D	YES	YES	YES	NO	NO	NO	YES	YES
		4/85	A/D	YES	YES	NO	NO	NO	NO	YES	NO
MONTANA	1	7/83	A/D, MR	YES	YES	YES	YES	YES	YES	YES	YES
NEVADA	1	10/85	MR	YES	NO	NO	NO	NO	NO	YES	NO
NEW HAMPSHIRE	1	7/84	A/D	YES	YES	YES	NO	YES	NO	YES	YES
NEW JERSEY	3	9/83(MODEL)	A/D	YES	NO	NO	NO	NO	NO	NO	NO
		4/85(MODEL)	A/D	YES	NO	NO	NO	NO	NO	NO	NO
		10/85	MR	YES	NO	NO	YES	NO	YES	YES	YES

TABLE 65 (CONTINUED)

APPROVED 2176 HOME AND COMMUNITY BASED SERVICES WAIVERS AS OF MARCH 31,1986

STATE	NUMBER OF WAIVERS	EFFECTIVE DATES	ELIGIBILITY GROUP*	SERVICES PROVIDED AS ALTERNATIVE TO INSTITUTIONAL CARE							
				CASE MANAGEMENT	HOMEMAKER	HOME HEALTH AIDE	PERSONAL CARE	ADULT DAY CARE	HABILITATION	RESPITE CARE	OTHER
NEW MEXICO	3	7/83	A/D	YES	YES	NO	YES	YES	NO	YES	NO
		7/83	MR	YES	NO	NO	NO	NO	YES	YES	YES
		8/84(MODEL)	MR	YES	NO	NO	YES	NO	NO	NO	YES
NEW YORK	2	12/85(MODEL)	A/D	YES	NO	NO	NO	NO	NO	YES	NO
		1/86	A/D	NO	NO	NO	NO	NO	NO	YES	YES
NORTH CAROLINA	3	7/83(MODEL)	A/D, MR	YES	NO	YES	YES	YES	NO	YES	YES
		7/83	MR	YES	YES	YES	YES	YES	YES	YES	YES
		9/85	A/D	YES	YES	NO	NO	YES	NO	YES	YES
OHIO	2	7/84	A/D	YES	YES	YES	YES	YES	NO	YES	YES
		10/85(MODEL)	MR	NO	YES	NO	YES	YES	NO	YES	NO
OKLAHOMA	1	1/85	MR	YES	NO	NO	NO	NO	YES	YES	YES
OREGON	2	12/84	A/D, MI	NO	NO	NO	NO	NO	NO	NO	YES
		2/85	MR	NO	NO	NO	NO	NO	YES	NO	NO
PENNSYLVANIA	4	7/83	MR	YES	NO	NO	NO	YES	YES	NO	YES
		7/83	MR	YES	NO	NO	NO	YES	YES	NO	YES
		7/85	MR	NO	NO	NO	NO	YES	YES	NO	YES
		7/85	MR	YES	NO	NO	NO	YES	YES	NO	YES
RHODE ISLAND	3	7/83	MI	YES	NO	NO	NO	YES	NO	NO	YES
		7/83	MR	YES	YES	NO	NO	NO	YES	YES	YES
		1/85	A/D	YES	YES	NO	NO	YES	NO	NO	YES
SOUTH CAROLINA	1	10/84	A/D	YES	NO	NO	YES	YES	NO	YES	YES
SOUTH DAKOTA	1	6/85	MR	YES	NO	NO	NO	NO	YES	NO	YES
TENNESSEE	1	10/85	A/D	YES	NO	NO	YES	NO	NO	YES	YES
TEXAS	3	1/83	A/D	YES	NO	NO	YES	NO	NO	NO	YES
		1/85(MODEL)	A/D, MR	NO	NO	YES	YES	NO	NO	NO	YES
		9/85	MR	YES	YES	NO	YES	NO	YES	YES	YES
VERMONT	2	4/85	MR	YES	NO	NO	NO	YES	YES	YES	NO
		5/85	MI	YES	NO	NO	NO	YES	YES	YES	NO
VIRGINIA	1	6/85	A/D	NO	NO	NO	YES	NO	NO	NO	NO
WASHINGTON	1	12/83	MR	YES	NO	NO	NO	NO	YES	YES	YES
WEST VIRGINIA	2	7/85	A/D	YES	YES	NO	NO	NO	NO	NO	YES
		7/85	MR	YES	NO	NO	NO	NO	YES	YES	NO
WISCONSIN	1	1/85	A/D	YES	NO	YES	YES	YES	YES	YES	YES
TOTAL WAIVERS	75			62	31	16	29	36	27	48	46

* A - AGED D - DISABLED MR - MENTALLY RETARDED MI - MENTALLY ILL
SOURCE: HCFA, BUREAU OF ELIGIBILITY, REIMBURSEMENT AND COVERAGE, OFFICE OF COVERAGE POLICY

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TABLE 66

OTHER SERVICES PROVIDED UNDER HOME AND COMMUNITY BASED SERVICES WAIVERS AS OF MARCH 31, 1986

STATE	NUMBER OF WAIVER REQUESTS	EFFECTIVE DATES	ELIGIBILITY GROUP*	OTHER SERVICES PROVIDED AS ALTERNATIVE TO INSTITUTIONAL CARE
ALABAMA	2	10/84	A/D	None
		10/85	MR	None
CALIFORNIA	2	7/83	A/D	24 hour nrsg, adapts to the home, & utility coverage
		9/85	MR	Transportation & regional center direct client support
COLORADO	3	7/85	A/D	None
		10/85(MODEL)	A/D	None
		11/85	MR	None
CONNECTICUT	2	10/83(MODEL)	A/D & MR	None
		1/86	A/D	Chore srvs, companion srvs, meals on wheels, transp & mntl hlth counseling
FLORIDA	3	4/85	A/D	None
		5/85	MR	Transp, home mgmt. & developmental trng & therapy
		7/85	A/D	Skilled nrsg, home delivered meals, housekeeping/chore srvs, minor physical adapts to home, consummable medical supplies, companion srvs, mntl hlth srvs, PT, OT, ST, medical alert/response syst, caregiver trng/support, special assessmt srvs, & financial educ & protection
GEORGIA	3	9/84(MODEL)	A/D	Pvt duty nrsg to chirn from birth to 3 yrs of age who are respirator dependent
		10/84(MODEL)	A/D	None
		10/84	A/D	PT, OT, ST, nrsg, special med supplies, equip & appliances, planned therapeutic activities, med soc srvs, & emergency response systems
HAWAII	1	8/83	A/D	Congregate/hm delivered meals, hm maintenance, moving asst, nutritional counseling, emergency alarm response, hm modifications & transportation
IDAHO	1	1/84	A/D & MR	None
ILLINOIS	2	12/83	MR	None
		7/85(MODEL)	A/D	Environmental modif, pvt duty nrsg, spec med supplies, equip & appliances
INDIANA	1	9/84	A/D	None
IOWA	1	8/84(MODEL)	A/D & MR	Residental care & treatment srvs
KANSAS	1	3/85	A/D & MR	Adult fam hms, congregate care, adult resid srvs/ community living, nonmed attendant care, night support, adult failure alarm syst, wellness monitoring, & hospice care
KENTUCKY	2	7/83	A/D	None
		1/84	A/D	None
LOUISIANA	1	1/85	A/D	None

TABLE 66 (CONTINUED)

OTHER SERVICES PROVIDED UNDER HOME AND COMMUNITY SERVICES WAIVERS AS OF MARCH 31,1986

STATE	NUMBER OF WAIVER REQUESTS	EFFECTIVE DATES	ELIGIBILITY GROUP*	OTHER SERVICES PROVIDED AS ALTERNATIVE TO INSTITUTIONAL CARE
MAINE	2	7/83	MR	None
		5/85	A/D	Transp, emergency response systs & mntl hlth srvs
MARYLAND	2	2/84	MR	None
		1/85(MODEL)	A/D	Pvt duty nrsg, hm visits by specialty physicians, & med supplies & equip
MASSACHUSETTS	2	1/84	A/D	Chore srvs & social day care
		1/84	MR	Residential, transportation, and adaptive srvs
MINNESOTA	3	7/84	MR	None
		4/85(MODEL)	A/D	Environ modifs to the hm, fam counseling supp, educ & trng & foster care
		7/85	A/D	Foster care
MISSOURI	2	1/84	A/D	Chore srvs, med equip & supplies, med transp & comprehensive pharmacy srvs
		4/85	A/D	None
MONTANA	1	7/83	A/D & MR	Transp, emer alarm response syst, environ modifs/rental of adaptive equip, meals on wheels/congregate meals, PT, OT, ST, & audiology
NEVADA	1	10/85	MR	None
NEW HAMPSHIRE	1	7/84	A/D	Nrsg srvs & personal emergency response system
NEW JERSEY	3	9/33(MODEL)	A/D	None
		4/85(MODEL)	A/D	None
		10/85	MR	Intervention srvs
NEW MEXICO	3	7/83	A/D	None
		7/83	MR	Ancillary srvs including behavior mgmt, fam educ & trng, spec nonmed transp & therapy srvs
		8/84(MODEL)	MR	In hm nrsg srvs, ST, OT, & PT, fam trng, phycho soc srvs & environ modifs
NEW YORK	2	12/85(MODEL)	A/D	None
		1/86	A/D	Med soc srvs, nutritional counseling, RT, congregate meals, soc day care, moving ass't, soc transp, housing improvs, hm maintenace tasks, & emergency alarm response
NORTH CAROLINA	3	7/83(MODEL)	A/D & MR	Nrsg, speech, OT, PT, DME, hm mobility aids, & child day nlth care
		7/83	MR	Home mobility aids & DME
		9/85	A/D	Screening, chore srvs, meals on wheels, hm mobil aids, telephone alert & supps
OHIO	2	7/84	A/D	Housekeeper, hm delivered meals, nrsg care, PT, non-routine med supplies, & adaptive & assistive equipment
		10/85(MODEL)	MR	None
OKLAHOMA	1	1/85	MR	Specialized foster care, early childhood intervention, & regional professional assessment team

TABLE 66 (CONTINUED)

OTHER SERVICES PROVIDED UNDER HOME AND COMMUNITY SERVICES WAIVERS AS OF MARCH 31,1986

STATE	NUMBER OF WAIVER REQUESTS	EFFECTIVE DATES	ELIGIBILITY GROUP*	OTHER SERVICES PROVIDED AS ALTERNATIVE TO INSTITUTIONAL CARE
OREGON	2	12/84	A/D & MI	Non-med transp, residential care fac srvs, adult foster care srvs, minor phy adapts to the hm, in-hm srvs & special needs for A/D; & residential care fac srvs, adult foster hm srvs, & semi-independent living progs for the MI
		2/85	MR	None
PENNSYLVANIA	4	7/83	MR	Transp, PT, OT, speech, visual & behavorial therapies & minor adapts to residences
		7/83	MR	Transp, therapy, minor adapts to residences & adult hlth centers in Allegheny County
		7/85	MR	Therapy services, minor adapts to CRP residences & transp in the NE Region of Pennsylvannia
		7/85	MR	Therapy services(PT, OT, ST, visual therapy and behavior therapy), visiting nurse srvs, minor physical adapts to CRPs & transp in the Central Region and other counties
RHODE ISLAND	3	7/83	MI	Transportation
		7/83	MR	Early intervention srvs, adult fos care, specialized homemaker srvs, devices to adapt the hm environ, minor ass't devices & transportation
		1/85	A/D	Devices to adapt hm environ, minor ass't devices & transportation
SOUTH CAROLINA	1	10/84	A/D	Regular & therapeutic hm delivered meals, physiotherapy, OT, ST, & med soc srvs
SOUTH DAKOTA	1	6/85	MR	Dietary srvs, nrsg srvs, psychological srvs, physician srvs, pharmacy, dental, PT, OT, & ST, audiological & optometric srvs, eyeglasses & transportation
TENNESSEE	1	10/85	A/D	Minor hm modifications & hm delivered meals
TEXAS	3	1/83	A/D	Emer resp systs, hm delivered meals, minor hm modifs, & rehab srvs
		1/85(MODEL)	A/D & MR	Nrsg care
		9/85	MR	Nrsg srvs, soc srvs & rehab(OT, PT, speech & audiology)
VERMONT	2	4/85	MR	None
		5/85	MI	None
VIRGINIA	1	6/85	A/D	None
WASHINGTON	1	12/83	MR	Nrsg, PT, OT, audiology, behavior therapy, dental srvs, med srvs & equip & supps
WEST VIRGINIA	2	7/85	A/D	Chore srvs
		7/85	MR	None
WISCONSIN	1	1/85	A/D	Personal emer respon systs, housing modif srvs, communication aids & adapt aids

* A - AGED D - DISABLED MR - MENTALLY RETARDED MI - MENTALLY ILL
SOURCE: HCFA, BUREAU OF ELIGIBILITY, REIMBURSEMENT AND COVERAGE, OFFICE OF COVERAGE POLICY

TABLE 67

MEDICAID VENDOR PAYMENTS FOR FY 1986 1/

STATE	TOTAL PAYMENT COMPUTABLE FOR FEDERAL FUNDING ($000,000)	PERCENT FEDERAL SHARE (FMAP)	ADJUSTED FEDERAL SHARE ($000,000)	STATE SHARE ($000,000)
ALABAMA	427	72.30	310	117
ALASKA	82	50.00	43	39
ARKANSAS	405	73.83	299	106
CALIFORNIA	4,756	50.00	2,382	2,374
COLORADO	314	50.00	157	157
CONNECTICUT	673	50.00	337	336
DELAWARE	81	50.00	41	40
DIST COLUMBIA	312	50.00	156	156
FLORIDA	1023	56.16	575	448
GEORGIA	821	66.05	542	279
HAWAII	140	51.00	72	68
IDAHO	82	69.36	57	25
ILLINOIS	1,737	50.00	874	863
INDIANA	862	62.82	543	319
IOWA	378	58.90	223	155
KANSAS	274	50.00	138	136
KENTUCKY	557	70.23	392	165
LOUISIANA	805	63.81	515	290
MAINE	258	68.86	178	80
MARYLAND	709	50.00	357	352
MASSACHUSETTS	1,682	50.13	842	840
MICHIGAN	1,774	56.79	1,015	759
MINNESOTA	1,030	53.41	552	478
MISSISSIPPI	337	78.42	264	73
MISSOURI	573	60.62	348	225
MONTANA	116	66.38	78	38
NEBRASKA	189	57.11	108	81
NEVADA	79	50.00	40	39
NEW HAMPSHIRE	143	54.92	79	64
NEW JERSEY	1,165	50.00	586	579
NEW MEXICO	172	68.94	120	52
NEW YORK	8,292	50.00	4,157	4,135
NORTH CAROLINA	756	69.18	424	232
NORTH DAKOTA	118	55.12	65	53
OHIO	2,021	58.30	1,188	833
OKLAHOMA	480	57.60	277	203
OREGON	272	61.54	169	103
PENNSYLVANIA	2,158	56.72	1,229	929
RHODE ISLAND	271	56.33	153	118
SOUTH CAROLINA	401	72.70	292	109
SOUTH DAKOTA	103	67.82	71	32
TENNESSEE	730	70.20	513	217
TEXAS	1,552	53.56	834	718
UTAH	185	72.62	134	51
VERMONT	94	67.06	63	31
VIRGINIA	612	53.14	326	286
WASHINGTON	654	50.06	330	324
WEST VIRGINIA	212	71.53	152	60
WISCONSIN	1,031	57.54	595	436
WYOMING	33	50.00	17	16
TOTAL STATES	42,052	55.58	23,371	18,681

1/ Figures represent each state's claims for Medicaid vendor payments and include prior period claims, collections, deferrals, disallowances, and suspensions taken by the Regional Office or paid in that fiscal year. These figures may not represent state expenditure claims.

Source: HCFA-64 quarterly report, Bureau of Program Operations, HCFA.

TABLE 68

LOCAL FUNDING FORMULAS FOR MEDICAID VENDOR PAYMENTS
AS OF MARCH 31, 1986

COLORADO	20 largest counties pay 2% of state's share for all new ICF nursing home admissions.
FLORIDA	Counties pay 35% of cost or $55.00 Per month, whichever is less, for each nursing home resident; 35% of cost for inpatient hospital days over 12 and less than 46; counties no longer pay 100%, or a portion of the state share.
IOWA	Counties match federal funds for ICF-MRs.
MINNESOTA	Counties pay 10% of State's share.
MONTANA	Counties pay 18% of eligibility personnel costs.
NEBRASKA	Counties pay 4.67% Of total expenditures.
NEW HAMPSHIRE	Local contribution of approximately 25% of nursing home costs, excluding residents in state institutions.
NEW YORK	Counties pay 50% of non-federal share, except for long term care for which they pay 28% of non-federal, 20% in 1986.
N CAROLINA	Counties pay 15% of non-federal share for all services.
NORTH DAKOTA	Counties pay 15% of State share except for ICFS-MR, clinic services, and waivered community and home based services for MR and A/D related recipients
PENNSYLVANNIA	Counties pay 10% of state's share for county nursing homes plus $3 per invoice administration fee.
SOUTH DAKOTA	$60.00 Per month for each ICF-MR resident and local school district for crippled childrens' hospital.
UTAH	Local contribution of less than 1% for specific services (e.g., mental health).
WISCONSIN	Local contribution of 10-20% for mental health services.

TABLE 69

MEDICAID THIRD PARTY COLLECTIONS: FY 1986

STATE	TOTAL PAYMENT COMPUTABLE FOR FEDERAL FUNDING
ALABAMA	477,266
ALASKA	173,050
ARKANSAS	1,077,602
CALIFORNIA	11,010,107
COLORADO	321,504
CONNECTICUT	306,517
DELAWARE	64,776
DIST COLUMBIA	970,608
FLORIDA	2,636,788
GEORGIA	833,493
HAWAII	388,764
IDAHO	194,437
ILLINOIS	4,075,995
INDIANA	1,719,448
IOWA	962,592
KANSAS	817,618
KENTUCKY	1,114,904
LOUISIANA	2,697,300
MAINE	0
MARYLAND	1,454,916
MASSACHUSETTS	7,809,597
MICHIGAN	5,896,090
MINNESOTA	3,718,692
MISSISSIPPI	1,170,579
MISSOURI	556,468
MONTANA	576,345
NEBRASKA	352,035
NEVADA	0
NEW HAMPSHIRE	177,824
NEW JERSEY	1,288,137
NEW MEXICO	443,621
NEW YORK	20,358,072
NORTH CAROLINA	345,356
NORTH DAKOTA	191,749
OHIO	2,696,314
OKLAHOMA	912,546
OREGON	1,017,748
PENNSYLVANIA	1,574,883
RHODE ISLAND	305,422
SOUTH CAROLINA	1,021,164
SOUTH DAKOTA	342,224
TENNESSEE	697,674
TEXAS	798,472
UTAH	1,428,305
VERMONT	156,026
VIRGINIA	599,200
WASHINGTON	1,337,159
WEST VIRGINIA	291,657
WISCONSIN	2,950,741
WYOMING	58,632
TOTAL STATES	90,370,647

Source: Bureau of Program Operations, HCFA

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Chapter 6. Demographic, economic, and medical sector parameters

Demographic, economic, and medical sector parameters are presented in this section. They place a framework around the Medicaid program characteristics, giving the context within which the Medicaid program operates.

Demographic parameters

Two tables are presented on demographic parameters—total population by State and aged population by State. Table 70 displays the U.S. population by State (FY85), the percent each State is of the total U.S. population (FY 85), and the percent of each State's population that lived in urban areas in 1980. Additionally, the percent growth of the population from 1980 to 1985 is presented. Alaska, Vermont, and Wyoming are the least populous States with just over 500,000 residents. California is the most populous with over 26 million residents and New York follows with 17.8 million residents. Thus, California has over 11 percent of the total U.S. population and Alaska and Wyoming have less than 0.22 percent of the total population. The percent of a State's population living in urban areas is over 50 percent in 42 States and the District of Columbia. The States with less than 50 percent urban population are Maine, Mississippi, North Carolina, North Dakota, South Dakota, Vermont, and West Virginia. Over the past five years (1980-1985) all States, with the exception of the District of Columbia, Iowa, Michigan, Ohio, Pennsylvania, and West Virginia have had a positive rate of growth. The only States with a growth rate over 20 percent was Alaska (30.3).

Provisional estimates displaying aged populations by State for 1984 are in Table 71. States with over one million residents aged 65 or older are California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas. Alaska has only 15,000 residents aged 65 or older, accounting for less than 3 percent of the State population. Utah and Wyoming contain the next lowest ratios of aged population, 7.7 and 8.2 percent, respectively. California has 9.7 percent of the national population aged 65 and over, followed by New York (8.1), Florida (7.0), and Pennsylvania (6.1).

During the time period 1980-84, Nevada experienced the largest percent growth in aged population at 31.8 percent. Two other States, Alaska and Hawaii had growth rates over 20 percent during this time period. No State had a negative rate of growth during this time period.

Economic parameters

Three tables are presented on economic parameters: (1) State economic characteristics; (2) total Medicaid recipients, total Medicaid payments, and payment per recipient (FY 85); and (3) average recipients and payments for the AFDC, Foodstamp, and Medicaid programs.

Table 72 displays State economic characteristics including per capita personal income, annual unemployment rate, percent of population below poverty, and percent of age 65 and over population below poverty. In 1985 the U.S. average per capita personal income was $13,451, ranging from $9,035 in Mississippi to $17,909 in the District of Columbia. The U.S. average unemployment rate for 1985 was 7.2, ranging from below five percent in Connecticut, Maryland, Massachusetts, New Hampshire, Rhode Island, and Vermont to over 10 percent in Louisiana, Mississippi, and West Virginia. The U.S. average percent of population below poverty in 1979 was 12.4. Seven States had over 17 percent of their population below the poverty level, with Mississippi the highest at 23.9 percent. The U.S. average percent of aged (65 and older) population below poverty level was 14.8 in 1979. Of the age 65 and over population, seven States reported more than 25 percent were below the poverty level, with Mississippi the highest at 34.3 percent.

Table 73 shows recipients and payments by State and the average payment per Medicaid recipient, also by State, for FY 1985. The average annual Medicaid payment per Medicaid recipient for 1985 ranged from $819 in West Virginia to $3,384 in New York. The average was $1,848 in 1985, as compared to $1,119 in 1982.

Table 74 displays recipient and payment data for a recent month in the Medicaid program, The AFDC program, and the Foodstamps program. Total reported Medicaid payments in September 1984 ranged from $2.2 million in Wyoming to $531.3 million in New York. Corresponding recipient counts varied from 4,903 in Wyoming to 1.2 million in California. The average monthly Medicaid payment per recipient ranged from $158.63 in Mississippi to $909.91 in the District of Columbia.

AFDC data reflect monthly averages for the October-December 1985 period. Total payments ranged from $1.2 million in Nevada to $294 million in California. Total recipients varied from 10,138 in Wyoming to 1.6 million in California. The average monthly AFDC payment per recipient ranged from $38.32 in Mississippi to $180.96 in California. The average payment in Wisconsin ranked second highest at $168.48.

Total payments for the Foodstamps program in March 1986 ranged from $1.4 million in Wyoming to $78.9 million in New York. Total recipients ranged from 24,668 in New Hampshire to 1.74 million in New York. The average monthly payment per Foodstamp recipient ranged from $33.11 in California to $80.54 in Hawaii.

Medical sector parameters

Three tables are presented in this section showing the supply of medical services for Medicaid populations, including the enrolled and participating physicians and

Medicaid-certified beds. Table 75 displays the number of physicians enrolled and participating, the basis of the file of physicians (individuals or individuals and groups), and the date of the last file update. Enrolled physicians are generally defined to be those physicians who have applied for and received a Medicaid provider number. Participating physicians are generally defined to be those physicians who have submitted at least one claim within the past 12-month period. The number of physicians enrolled ranged from 450 in Alaska to 45,845 in California while the number of physicians participating ranged from 481 in New Hampshire to 38,496 in New York. While the absolute numbers of physicians enrolled and participating serve as an indicator of access to medical care it is important to note whether the physician file is based on individual physicians or individual and group practices. Ten States base their enrolled and participating files on individuals. Forty States base their enrolled and participating files on individuals and group practices. The date of the last file update also affects the numbers of enrolled and participating physicians. Seventeen States had updated files as of 1986. Four States updated only as recently as 1981.

Table 76 displays the number of Medicaid certified beds by category. The smallest number of inpatient beds was reported in Wyoming with 457, while the largest number was reported in California with 92,775. Twenty-four States reported Medicaid certified swing beds and the numbers ranged from eight in Kentucky to 1,860 in Nebraska. Long-term care beds were reported in six categories: SNF Medicaid certified, SNF dually certified, ICF, ICF-MR, SNF/ICF Medicaid certified, and SNF/ICF dually certified. The number of SNF Medicaid certified beds ranged from zero in seven States to 44,664 in Wisconsin and the number of SNF dually certified beds ranged from zero in one State to 84,148 in New York. Medicaid certified ICF beds ranged from 41 in Alaska to 71,221 in Texas. ICF-MR beds ranged in number from zero in Wyoming to 16,995 in New York. SNF/ICF Medicaid certified beds were reported by five States with a range of 2,242 in Nebraska to 27,357 in Florida. SNF/ICF dually certified beds were reported by 41 States with a range of 41 in Massachusetts to 47,606 in Wisconsin.

Table 77 presents the enrolled and participating physicians per 1,000 Medicaid recipients, the acute care hospital beds per 1,000 Medicaid recipients, and the total long-term care beds per 1,000 aged 65 and over Medicaid recipients. The number of enrolled physicians per 1,000 Medicaid recipients ranged from 13.56 in California to 105.84 in Idaho while the number of participating physicians per 1,000 Medicaid recipients ranged from 5.39 in Arkansas to 58.51 in Nevada. Acute care hospital beds per 1,000 Medicaid recipients ranged from 23.38 in Wyoming to 128.18 in Nevada. The number of total long-term care beds per 1,000 aged 65 and over Medicaid recipients ranged from 223.04 in Mississippi to 1203.87 in Indiana.

TABLE 70

STATE DEMOGRAPHICS FOR TOTAL POPULATION

STATE	1985 POPULATION (000)	PERCENT OF NATIONAL POPULATION (1985)	PERCENT OF POPULATION IN URBAN AREAS (1980)	PERCENT GROWTH (1980-1985)
ALABAMA	4,021	1.71	60.0	3.4
ALASKA	521	0.22	64.5	30.3
ARKANSAS	2,359	1.00	51.6	3.2
CALIFORNIA	26,365	11.19	91.3	11.4
COLORADO	3,231	1.37	80.6	11.8
CONNECTICUT	3,174	1.35	78.8	2.1
DELAWARE	622	0.26	70.7	4.6
DIST COLUMBIA	626	0.27	100.0	(2.0)
FLORIDA	11,366	4.83	84.3	16.6
GEORGIA	5,976	2.54	62.3	9.4
HAWAII	1,054	0.45	86.5	9.2
IDAHO	1,005	0.43	54.0	6.4
ILLINOIS	11,535	4.90	83.0	0.9
INDIANA	5,499	2.33	64.2	0.2
IOWA	2,884	1.22	58.6	(1.0)
KANSAS	2,450	1.04	66.7	3.7
KENTUCKY	3,726	1.58	50.8	1.8
LOUISIANA	4,481	1.90	68.6	6.5
MAINE	1,164	0.49	47.5	3.5
MARYLAND	4,392	1.86	80.3	4.2
MASSACHUSETTS	5,822	2.47	83.8	1.5
MICHIGAN	9,088	3.86	70.7	(1.9)
MINNESOTA	4,193	1.78	66.8	2.9
MISSISSIPPI	2,613	1.11	47.3	3.7
MISSOURI	5,029	2.13	68.1	2.3
MONTANA	826	0.35	52.9	5.0
NEBRASKA	1,606	0.68	62.7	2.3
NEVADA	936	0.40	85.3	16.9
NEW HAMPSHIRE	998	0.42	52.2	8.4
NEW JERSEY	7,562	3.21	89.0	2.7
NEW MEXICO	1,450	0.62	72.2	11.3
NEW YORK	17,783	7.55	84.6	1.3
NORTH CAROLINA	6,255	2.66	48.0	6.4
NORTH DAKOTA	685	0.29	48.8	4.9
OHIO	10,744	4.56	73.3	(0.5)
OKLAHOMA	3,301	1.40	67.3	9.1
OREGON	2,687	1.14	67.9	2.1
PENNSYLVANIA	11,853	5.03	69.3	(0.1)
RHODE ISLAND	968	0.41	87.0	2.2
SOUTH CAROLINA	3,347	1.42	54.1	7.2
SOUTH DAKOTA	708	0.30	46.4	2.5
TENNESSEE	4,762	2.02	60.4	3.7
TEXAS	16,370	6.95	79.6	15.0
UTAH	1,645	0.70	84.4	12.6
VERMONT	535	0.23	33.8	4.6
VIRGINIA	5,706	2.42	66.0	6.7
WASHINGTON	4,409	1.87	73.6	6.7
WEST VIRGINIA	1,936	0.82	36.2	(0.7)
WISCONSIN	4,775	2.03	64.2	1.5
WYOMING	509	0.22	62.8	8.5
TOTAL STATES	235,552	100.00	73.7	5.4

SOURCE: BUREAU OF THE CENSUS, U. S. DEPARTMENT OF COMMERCE

TABLE 71

STATE AGED POPULATIONS (AGED 65 AND OLDER)

STATE	POPULATION 65 AND OLDER (1984)	PERCENT OF STATE POPULATION 65 AND OLDER (1984)	PERCENT OF NATIONAL POPULATION 65 AND OLDER (1984)	PERCENT GROWTH IN 65 AND OLDER (1970-1979)	PERCENT GROWTH IN 65 AND OLDER (1980-1984)
ALABAMA	476,000	11.9	1.7	29.7	8.2
ALASKA	15,000	3.0	0.1	54.2	25.0
ARKANSAS	336,000	14.3	1.2	26.6	7.7
CALIFORNIA	2,693,000	10.5	9.7	29.3	11.6
COLORADO	280,000	8.8	1.0	27.8	13.4
CONNECTICUT	407,000	12.9	1.5	24.0	11.5
DELAWARE	67,000	10.9	0.2	30.0	13.6
DIST COLUMBIA	75,000	12.0	0.3	3.2	0.1
FLORIDA	1,931,000	17.6	7.0	62.7	14.4
GEORGIA	577,000	9.9	2.1	33.6	11.6
HAWAII	94,000	9.0	0.3	59.9	23.7
IDAHO	108,000	10.8	0.4	34.4	14.9
ILLINOIS	1,356,000	11.8	4.9	12.0	7.4
INDIANA	638,000	11.6	2.3	16.0	9.1
IOWA	410,000	14.1	1.5	9.2	5.7
KANSAS	323,000	13.2	1.2	13.6	5.6
KENTUCKY	438,000	11.8	1.6	17.1	6.8
LOUISIANA	435,000	9.7	1.6	24.1	7.7
MAINE	152,000	13.1	0.5	18.6	7.8
MARYLAND	447,000	10.3	1.6	27.3	12.9
MASSACHUSETTS	777,000	13.4	2.8	12.3	6.9
MICHIGAN	1,007,000	11.1	3.6	18.4	10.4
MINNESOTA	517,000	12.4	1.8	15.4	7.7
MISSISSIPPI	306,000	11.8	1.1	24.8	5.9
MISSOURI	682,000	13.6	2.4	13.7	5.2
MONTANA	96,000	11.7	0.3	21.1	12.9
NEBRASKA	216,000	13.4	0.8	11.6	4.9
NEVADA	87,000	9.5	0.3	96.6	31.8
NEW HAMPSHIRE	114,000	11.7	0.4	25.9	10.7
NEW JERSEY	942,000	12.5	3.4	21.6	9.5
NEW MEXICO	135,000	9.5	0.5	54.8	16.4
NEW YORK	2,247,000	12.7	8.1	8.4	4.0
NORTH CAROLINA	688,000	11.2	2.5	38.6	14.1
NORTH DAKOTA	87,000	12.7	0.3	20.5	8.8
OHIO	1,280,000	11.9	4.6	15.0	9.5
OKLAHOMA	401,000	12.2	1.4	21.5	6.6
OREGON	344,000	12.9	1.2	30.3	13.5
PENNSYLVANIA	1,676,000	14.1	6.1	17.7	9.5
RHODE ISLAND	138,000	14.3	0.5	18.6	8.7
SOUTH CAROLINA	331,000	10.0	1.2	41.6	15.3
SOUTH DAKOTA	96,000	13.6	0.3	12.4	5.5
TENNESSEE	566,000	12.0	2.0	28.8	9.3
TEXAS	1,514,000	9.5	5.5	31.9	10.4
UTAH	128,000	7.7	0.5	37.3	17.4
VERMONT	63,000	11.9	0.2	17.9	8.6
VIRGINIA	572,000	10.1	2.1	32.7	13.3
WASHINGTON	492,000	11.3	1.8	29.5	13.9
WEST VIRGINIA	255,000	13.1	0.9	16.6	7.1
WISCONSIN	611,000	12.8	2.2	18.1	8.3
WYOMING	42,000	8.2	0.2	20.6	13.5
TOTAL STATES	27,688,000				
SIMPLE AVERAGE		11.6	2.0	26.6	10.8

SOURCE: BUREAU OF THE CENSUS, U. S. DEPARTMENT OF COMMERCE

TABLE 72

STATE PER CAPITA INCOME, UNEMPLOYMENT, AND POVERTY RATES

STATE	PER CAPITA PERSONAL INCOME ($) (1985)	ANNUAL UNEMPLOYMENT RATE (1985)	PERCENT OF POPULATION BELOW POVERTY (1979)	PERCENT OF 65+ POPULATION BELOW POVERTY (1979)
ALABAMA	10,510	8.9	18.9	28.4
ALASKA	17,756	9.7	10.7	14.2
ARKANSAS	10,180	8.7	19.0	28.2
CALIFORNIA	15,255	7.2	11.4	8.3
COLORADO	14,413	5.9	10.1	12.8
CONNECTICUT	17,627	4.9	8.0	8.8
DELAWARE	14,337	5.3	11.8	13.6
DIST COLUMBIA	17,909	8.4	18.6	18.9
FLORIDA	13,397	6.0	13.4	12.7
GEORGIA	12,158	6.5	16.6	25.6
HAWAII	13,542	5.6	9.9	10.5
IDAHO	10,605	7.3	12.6	16.0
ILLINOIS	14,397	9.0	11.0	11.9
INDIANA	12,276	7.9	9.7	12.7
IOWA	12,779	8.0	10.1	13.3
KANSAS	14,046	5.0	10.1	14.2
KENTUCKY	10,585	9.5	17.6	23.3
LOUISIANA	11,015	11.5	18.6	27.7
MAINE	11,423	5.4	13.0	16.4
MARYLAND	15,356	4.6	9.8	12.7
MASSACHUSETTS	15,790	3.9	9.6	9.7
MICHIGAN	13,298	9.9	10.4	12.2
MINNESOTA	14,071	6.0	9.5	14.8
MISSISSIPPI	9,035	10.3	23.9	34.3
MISSOURI	12,784	6.4	12.2	17.4
MONTANA	10,728	7.7	12.3	14.4
NEBRASKA	13,699	5.5	10.7	15.5
NEVADA	13,981	8.0	8.7	10.7
NEW HAMPSHIRE	14,308	3.9	8.5	12.3
NEW JERSEY	16,368	5.7	9.5	9.9
NEW MEXICO	10,741	8.8	17.6	21.1
NEW YORK	15,237	6.5	13.4	11.6
NORTH CAROLINA	11,314	5.4	14.8	23.8
NORTH DAKOTA	13,034	5.9	12.6	17.0
OHIO	12,979	8.9	10.3	12.6
OKLAHOMA	12,103	7.1	13.4	21.0
OREGON	12,165	8.8	10.7	11.8
PENNSYLVANIA	12,959	8.0	10.5	11.9
RHODE ISLAND	13,592	4.9	10.3	12.8
SOUTH CAROLINA	10,514	6.8	16.6	25.3
SOUTH DAKOTA	11,207	5.1	16.9	20.2
TENNESSEE	10,934	8.0	16.4	25.1
TEXAS	13,165	7.0	14.7	21.2
UTAH	10,166	5.9	10.3	11.8
VERMONT	11,599	4.8	12.1	13.8
VIRGINIA	14,146	5.6	11.8	17.2
WASHINGTON	13,267	8.1	9.8	11.3
WEST VIRGINIA	10,112	13.0	15.0	18.5
WISCONSIN	12,883	7.2	8.7	9.6
WYOMING	12,955	7.1	7.9	14.0
U. S. AVERAGE	13,451	7.2	12.4	14.8

SOURCES: PER CAPITA INCOME - BUREAU OF ECONOMIC ANALYSIS, DEPARTMENT OF COMMERCE
ANNUAL UNEMPLOYMENT RATE - BUREAU OF LABOR STATISTICS, DEPARTMENT OF LABOR
POVERTY POPULATION - BUREAU OF THE CENSUS, DEPARTMENT OF COMMERCE, 1980 CENSUS

TABLE 73

RECIPIENTS, PAYMENTS, AND AVERAGE PAYMENT PER MEDICAID RECIPIENT: FY 1985

STATE	TOTAL RECIPIENTS	TOTAL PAYMENTS ($000,000)	AVERAGE $ PAYMENT PER RECIPIENT
ALABAMA	316,158	375	1,187
ALASKA	24,017	66	2,768
ARKANSAS	197,307	358	1,816
CALIFORNIA	3,380,660	4,045	1,197
COLORADO	147,309	316	2,144
CONNECTICUT	217,442	595	2,736
DELAWARE	40,564	71	1,738
DIST COLUMBIA	98,277	298	3,194
FLORIDA	561,943	943	1,678
GEORGIA	468,887	760	1,620
HAWAII	92,238	140	1,522
IDAHO	38,850	76	1,965
ILLINOIS	1,063,367	1,653	1,554
INDIANA	283,956	747	2,630
IOWA	211,935	360	1,698
KANSAS	141,707	256	1,809
KENTUCKY	408,243	540	1,322
LOUISIANA	416,171	725	1,743
MAINE	124,378	232	1,868
MARYLAND	328,809	584	1,776
MASSACHUSETTS	522,948	1,433	2,739
MICHIGAN	1,133,317	1,517	1,338
MINNESOTA	357,260	1,001	2,802
MISSISSIPPI	299,688	274	916
MISSOURI	355,974	525	1,474
MONTANA	47,321	96	2,019
NEBRASKA	93,902	167	1,779
NEVADA	28,202	66	2,328
NEW HAMPSHIRE	37,698	118	3,129
NEW JERSEY	581,433	1,145	1,969
NEW MEXICO	87,332	148	1,698
NEW YORK	2,242,140	7,588	3,384
NORTH CAROLINA	343,223	647	1,884
NORTH DAKOTA	36,674	117	3,183
OHIO	1,045,150	1,767	1,691
OKLAHOMA	269,973	460	1,706
OREGON	152,502	239	1,565
PENNSYLVANIA	1,071,029	1,797	1,678
RHODE ISLAND	100,750	250	2,482
SOUTH CAROLINA	237,626	309	1,302
SOUTH DAKOTA	33,819	94	2,790
TENNESSEE	362,098	578	1,596
TEXAS	761,338	1,414	1,857
UTAH	72,210	110	1,519
VERMONT	50,385	89	1,775
VIRGINIA	302,992	547	1,805
WASHINGTON	326,395	584	1,789
WEST VIRGINIA	211,407	173	819
WISCONSIN	473,319	942	1,991
WYOMING	19,546	28	1,444
U.S. TOTAL	21,219,870	37,364	1,848

SOURCE: MEDICAID DATA - OFFICE OF THE ACTUARY, HCFA

TABLE 74

MEDICAID, AID TO FAMILIES WITH DEPENDENT CHILDREN, AND FOODSTAMP DATA

STATE	MEDICAID (SEPTEMBER 1984)			AFDC (MO. AVG. FOR OCT-DEC'85)			FOODSTAMPS (MARCH 1988)		
	TOTAL PAYMENTS ($000,000)	TOTAL RECIPIENTS (000)	AVERAGE $ PAID PER RECIPIENT	TOTAL PAYMENTS ($000,000)	TOTAL RECIPIENTS (000)	AVERAGE $ PAID PER RECIPIENT	TOTAL PAYMENTS ($000,000)	TOTAL RECIPIENTS (000)	AVERAGE $ PAID PER RECIPIENT
ALABAMA	28	140	197.35	6	148	39.02	23	521	44.99
ALASKA	5	13	340.14	2	16	157.19	2	30	53.25
ARKANSAS	25	95	265.55	4	66	59.47	11	253	42.19
CALIFORNIA	304	1,213	250.58	294	1,623	180.96	54	1,643	33.11
COLORADO	23	61	378.04	8	82	102.93	9	188	47.24
CONNECTICUT	48	98	489.94	19	119	157.51	5	132	35.99
DELAWARE	5	16	337.59	2	22	92.43	2	34	47.04
DIST COLUMBIA	37	41	909.91	6	57	165.27	3	69	48.83
FLORIDA	79	260	301.78	21	275	76.24	30	586	51.10
GEORGIA	54	223	240.54	17	233	73.85	23	529	43.74
HAWAII	8	38	215.55	6	49	129.63	7	92	80.54
IDAHO	6	16	357.01	2	17	94.45	3	64	49.52
ILLINOIS	156	435	357.80	73	731	100.03	60	1,107	54.04
INDIANA	55	126	434.85	13	163	77.34	19	387	50.05
IOWA	25	98	253.66	13	125	106.97	9	219	42.72
KANSAS	22	76	290.55	7	66	110.57	6	120	49.21
KENTUCKY	48	185	261.07	12	161	71.98	28	557	50.07
LOUISIANA	53	184	289.71	15	236	55.70	34	705	47.97
MAINE	18	56	323.78	7	58	120.02	5	117	41.44
MARYLAND	69	132	522.08	21	195	106.95	15	275	53.93
MASSACHUSETTS	140	259	540.53	36	237	149.95	13	326	40.80
MICHIGAN	124	456	271.56	99	669	147.37	43	943	45.41
MINNESOTA	81	145	556.86	25	155	160.03	9	232	39.01
MISSISSIPPI	22	140	158.53	6	157	38.32	22	493	44.36
MISSOURI	40	175	228.90	17	196	87.08	18	401	45.06
MONTANA	10	19	509.96	3	24	116.82	3	62	47.32
NEBRASKA	13	42	296.67	5	45	110.66	4	103	39.96
NEVADA	6	12	473.18	1	15	82.25	2	36	55.42
NEW HAMPSHIRE	10	20	498.72	2	13	124.51	1	25	43.82
NEW JERSEY	106	286	370.74	41	360	114.68	22	462	46.91
NEW MEXICO	10	35	290.29	4	51	80.10	8	160	48.30
NEW YORK	531	1,087	488.56	167	1,102	151.52	79	1,739	45.33
NORTH CAROLINA	52	139	375.71	15	171	87.61	20	469	41.77
NORTH DAKOTA	9	17	565.14	2	13	124.18	2	38	40.81
OHIO	122	405	301.08	65	671	96.53	59	1,147	51.69
OKLAHOMA	25	76	326.07	8	85	93.63	12	269	44.98
OREGON	19	62	314.65	10	78	124.27	13	228	55.52
PENNSYLVANIA	129	448	288.98	63	570	109.65	46	1,040	44.39
RHODE ISLAND	21	43	474.53	7	44	150.63	3	68	43.71
SOUTH CAROLINA	29	114	256.82	9	126	68.18	15	342	44.03
SOUTH DAKOTA	7	15	497.70	2	17	92.27	2	53	45.79
TENNESSEE	42	155	267.66	8	158	51.28	24	527	45.92
TEXAS	127	332	380.59	22	395	56.81	64	1,344	47.92
UTAH	11	28	381.08	4	38	88.47	4	81	44.19
VERMONT	7	23	313.50	3	22	145.97	2	40	41.85
VIRGINIA	33	135	244.02	15	153	97.37	16	355	44.06
WASHINGTON	42	125	333.99	29	185	155.98	13	302	42.16
WEST VIRGINIA	14	72	192.07	10	112	86.23	13	284	47.47
WISCONSIN	75	228	328.11	50	296	168.48	13	378	33.47
WYOMING	2	5	473.01	1	10	121.37	1	30	45.12
TOTAL STATES*	2,924	8,598		1,272	10,609		893	19,802	
WEIGHTED AVERAGE			360.90			107.21			45.58

SOURCES: MEDICAID DATA - OFFICE OF THE ACTUARY, HCFA
AFDC DATA - OFFICE OF FAMILY ASSISTANCE, DHHS
FOODSTAMP DATA - FOOD AND NUTRITION SERVICE, USDA

* MAY NOT ADD DUE TO ROUNDING

TABLE 75

PHYSICIANS ENROLLED AND PARTICIPATING IN MEDICAID

STATE	NUMBER OF PHYSICIANS ENROLLED	NUMBER OF PHYSICIANS PARTICIPATING	FILE BASED ON INDIVIDUALS	FILE BASED ON INDIVIDUALS AND GROUPS	DATE OF LAST FILE UPDATE
ALABAMA	9,688	9,688	YES	NO	1985
ALASKA	450	**	YES	NO	1984
ARKANSAS	4,615	1,063	NO	YES	1985
CALIFORNIA	45,845	31,703	NO	YES	1986
COLORADO	6,922	**	NO	YES	**
CONNECTICUT	4,791	2,594	NO	YES	1981
DELAWARE	1,100	1,100	YES	NO	**
DIST COLUMBIA	4,022	1,812	NO	YES	1981
FLORIDA	18,190	14,104	NO	YES	1985
GEORGIA	8,500	8,500	YES	NO	1986
HAWAII	2,570	2,570	NO	YES	1985
IDAHO	4,112	1,617	NO	YES	1985
ILLINOIS	22,282	16,055	YES	NO	1986
INDIANA	12,726	7,225	NO	YES	1984
IOWA	6,592	4,927	NO	YES	1986
KANSAS	8,729	4,611	NO	YES	1985
KENTUCKY	15,221	2,537	NO	YES	**
LOUISIANA	8,285	3,994	NO	YES	1986
MAINE	3,253	1,619	NO	YES	**
MARYLAND	13,220	4,968	NO	YES	1982
MASSACHUSETTS	11,580	11,580	YES	NO	1986
MICHIGAN	19,453	**	NO	YES	1981
MINNESOTA	13,079	8,351	NO	YES	1986
MISSISSIPPI	6,119	4,290	YES	NO	1984
MISSOURI	14,327	5,730	NO	YES	**
MONTANA	1,528	1,528	YES	NO	1985
NEBRASKA	2,023	1,062	NO	YES	1986
NEVADA	1,700	1,650	NO	YES	1986
NEW HAMPSHIRE	2,356	481	NO	YES	1985
NEW JERSEY	9,356	4,650	NO	YES	1985
NEW MEXICO	3,822	1,629	NO	YES	1984
NEW YORK	43,811	38,496	NO	YES	1986
NORTH CAROLINA	6,000	2,300	NO	YES	1983
NORTH DAKOTA	1,955	609	NO	YES	1985
OHIO	27,478	23,378	NO	YES	1985
OKLAHOMA	10,000	10,000	YES	NO	**
OREGON	9,526	5,239	NO	YES	1986
PENNSYLVANIA	24,645	17,498	NO	YES	**
RHODE ISLAND	1,657	1,657	NO	YES	1986
SOUTH CAROLINA	5,550	3,879	NO	YES	**
SOUTH DAKOTA	2,777	1,229	NO	YES	1986
TENNESSEE	10,646	5,507	NO	YES	1981
TEXAS	22,781	17,776	NO	YES	1986
UTAH	3,313	2,159	NO	YES	1985
VERMONT	2,800	2,400	NO	YES	1985
VIRGINIA	9,269	7,658	YES	NO	1986
WASHINGTON	12,295	5,429	NO	YES	1985
WEST VIRGINIA	4,753	3,493	NO	YES	1986
WISCONSIN	12,303	6,067	NO	YES	1986
WYOMING	1,130	1,130	NO	YES	**

** DATA NOT REPORTED OR NOT AVAILABLE

TABLE 76

MEDICAID CERTIFIED BEDS AS OF MARCH 31,1986

STATE	I/P ACUTE	SWING BEDS	SNF MEDICAID CERTIFIED	SNF DUALLY CERTIFIED	ICF	ICF-MR	SNF/ICF MEDICAID CERTIFIED	SNF/ICF DUALLY CERTIFIED
ALABAMA	21,424	**	4,403	10,571	1,135	1,419	0	6,436
ALASKA	1,123	0	395	184	41	104	0	579
ARKANSAS	**	219	13,493	1,395	5,402	1,529	0	0
CALIFORNIA	92,775	250	35,862	66,262	2,534	9,596	0	7,582
COLORADO	12,914	225	9,357	2,499	1,440	1,318	0	11,856
CONNECTICUT	10,510	0	2,159	18,803	2,249	1,474	**	19,604
DELAWARE	**	**	209	1,321	434	474	0	983
DIST COLUMBIA	5,456	0	0	420	802	341	0	262
FLORIDA	**	**	29,443	15,751	158	3,261	27,367	45,173
GEORGIA	25,960	0	23,500	3,296	2,715	2,240	0	27,514
HAWAII	**	**	243	1,786	780	378	0	1,384
IDAHO	3 449	13	2,000	2,783	84	536	0	4,783
ILLINOIS	60,479	768	41,917	7,160	23,955	8,138	0	45,843
INDIANA	24,896	0	1,454	9,936	22,526	3,835	0	3,857
IOWA	14,800	400	67	844	30,379	1,339	0	324
KANSAS	**	64	2,258	810	20,622	2,231	**	2,100
KENTUCKY	18,786	8	6	3,624	9,459	1,203	0	42
LOUISIANA	22,810	153	212	3,130	28,783	6,129	0	1,329
MAINE	5,138	0	58	370	7,719	834	0	0
MARYLAND	20,043	0	0	10,544	7,047	2,256	0	10,544
MASSACHUSETTS	28,294	0	16,195	6,785	10,924	4,036	0	41
MICHIGAN	39,745*	0	12,191	23,250	9,739	4,091	0	33,283
MINNESOTA	20,416	332	25,313	11,993	7,003	7,817	**	24,352
MISSISSIPPI	15,730	1,148	11,534	349	1,183	1,572	9,830	8,840
MISSOURI	31,764	224	16,091	4,444	9,369	1,841	22,321	20,391
MONTANA	**	211	1,955	2,204	756	316	0	4,159
NEBRASKA	6,021	1,860	2,415	1,097	12,631	855	2,242	2,722
NEVADA	6,315	100	0	2,264	182	187	0	2,163
NEW HAMPSHIRE	3,547	276	202	440	4,723	377	0	0
NEW JERSEY	30,031	0	20,451	13,427	1,636	3,881	**	33,771
NEW MEXICO	5,005	151	0	397	3,712	704	0	0
NEW YORK	73,039	0	313	84,148	5,524	16,995	0	0
NORTH CAROLINA	28,487	528	1,177	9,510	3,626	3,135	0	0
NORTH DAKOTA	4,077	1,013	1,301	3,467	1,450	857	0	4,768
OHIO	50,206	0	0	39,997	29,366	8,078	0	36,222
OKLAHOMA	19,500	0	106	0	28,330	3,206	0	0
OREGON	8,213	0	748	1,089	6,868	2,131	0	47
PENNSYLVANIA	66,451	0	10,666	27,740	10,680	8,358	0	37,736
RHODE ISLAND	3,578	0	313	2,052	1,696	984	0	0
SOUTH CAROLINA	11,565	0	92	8,211	1,828	2,751	0	8,087
SOUTH DAKOTA	3,831	314	4,656	322	2,459	806	0	4,978
TENNESSEE	27,156	0	0	4,610	17,745	1,565	0	2,617
TEXAS	**	0	5,334	7,546	71,221	14,410	0	9,577
UTAH	5,100	344	2,307	761	1,688	1,304	0	3,068
VERMONT	2,601	20	63	592	1,286	271	0	0
VIRGINIA	20,175	0	0	2,186	10,627	3,167	0	88
WASHINGTON	12,481	105	22,691	2,352	1,112	2,835	10,690	25,058
WEST VIRGINIA	10,734	0	88	3,084	4,741	109	0	3,136
WISCONSIN	23,694	**	44,664	5,398	2,642	3,904	0	47,606
WYOMING	457	447	1,667	208	362	0	0	1,875

* EXCLUDES STATE AND FEDERAL INSTITUTIONS
** DATA NOT REPORTED OR NOT AVAILABLE

SOURCE: BUREAU OF DATA MANAGEMENT AND STRATEGY - RADARS (LONG TERM CARE).

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TABLE 77

PHYSICIANS, HOSPITAL BEDS AND LONG TERM CARE BEDS
PER 1000 MEDICAID RECIPIENTS AS OF MARCH 31, 1996

STATE	PHYSICIANS PER 1000 MEDICAID RECIPIENTS		HOSPITAL BEDS CERTIFIED PER 1000 MEDICAID RECIPIENTS	TOTAL LONG-TERM CARE BEDS PER 1000 AGED 65 AND OVER MEDICAID RECIPIENTS
	ENROLLED	PARTICIPATING		
ALABAMA	30.64	30.64	67.76	247.36
ALASKA	22.45	**	56.04	295.24
ARKANSAS	23.39	5.39	**	413.40
CALIFORNIA	13.56	9.38	27.44	233.30
COLORADO	46.99	**	87.67	515.97
CONNECTICUT	22.03	11.93	48.33	744.00
DELAWARE	27.12	27.12	**	668.98
DIST COLUMBIA	40.93	18.14	55.52	269.48
FLORIDA	32.37	25.10	**	412.56
GEORGIA	18.13	18.13	55.37	358.17
HAWAII	27.86	27.86	**	233.45
IDAHO	105.84	41.62	88.78	797.87
ILLINOIS	20.95	15.10	56.86	1,125.86
INDIANA	44.82	25.44	87.68	1,203.87
IOWA	31.10	23.25	69.83	1,080.67
KANSAS	61.60	32.54	**	1,081.41
KENTUCKY	37.27	17.19	46.02	325.02
LOUISIANA	19.91	9.60	54.81	369.97
MAINE	26.15	13.02	41.31	458.83
MARYLAND	40.21	15.11	60.96	533.68
MASSACHUSETTS	22.14	22.14	54.10	441.11
MICHIGAN	17.16	**	35.07	505.67
MINNESOTA	36.61	23.38	57.15	866.54
MISSISSIPPI	20.42	14.31	52.49	223.04
MISSOURI	40.25	16.10	89.23	500.17
MONTANA	32.29	32.29	**	1,030.31
NEBRASKA	21.54	11.31	64.12	1,134.84
NEVADA	60.28	58.51	123.18	463.62
NEW HAMPSHIRE	62.50	12.76	94.09	738.36
NEW JERSEY	16.09	8.00	51.65	583.97
NEW MEXICO	43.76	18.65	57.31	511.78
NEW YORK	19.54	17.17	32.58	345.04
NORTH CAROLINA	17.48	6.70	83.00	352.59
NORTH DAKOTA	53.31	16.61	111.17	766.85
OHIO	26.29	22.37	48.04	811.69
OKLAHOMA	37.04	37.04	72.23	505.71
OREGON	62.46	34.35	53.86	641.80
PENNSYLVANIA	23.01	16.34	62.04	714.31
RHODE ISLAND	16.45	16.45	35.51	470.63
SOUTH CAROLINA	23.36	16.32	48.67	269.58
SOUTH DAKOTA	82.11	36.34	113.28	999.49
TENNESSEE	29.40	15.21	75.00	393.70
TEXAS	29.92	23.35	**	460.62
UTAH	45.89	29.90	70.64	771.56
VERMONT	55.57	47.63	51.62	435.28
VIRGINIA	30.59	25.27	66.59	400.69
WASHINGTON	37.67	16.63	38.24	609.86
WEST VIRGINIA	22.48	16.52	50.77	358.10
WISCONSIN	25.99	12.82	49.35	706.49
WYOMING	57.81	57.81	23.38	771.38

SOURCE: MEDICAID RECIPIENTS - OFFICE OF THE ACTUARY, HCFA
** DATA NOT REPORTED OR NOT AVAILABLE

Chapter 7.
State-only programs

Some States elect to cover specified groups of individuals for Medicaid services entirely at their own expense. These groups are referred to as non-categorically medically needy or, more commonly, "State-only" eligibles. State-only program data are very difficult to obtain and report given the unique characteristics of these programs. Hence, the information presented below is not definitive; however, it will give the reader some flavor of the scope of the programs:

- Administration—The State-only program is administered on a State level in most States. However, in some States it is administered on a county level.

When the program is administered on a State level, it is most likely to be administered by the welfare department rather than the single State agency administering the Medicaid program. The personnel in one department are not familiar with the programs in other departments; thus it is difficult to collect data.

When the program is administered on a county level, frequently the eligibility requirements and services offered are based on county decision. Thus, there may be no uniform eligibility groups or services across one State.

- Eligibility—In general, the most widely covered groups are the indigent and the general assistance recipients, both cash and non-cash. Other groups covered include pensioners, patients in State and local hospitals, the aged, people in transit, foster children, remedial blind, persons with catastrophic illness, and individuals qualifying for food stamps. Eligibility requirements vary widely by group by State/county.
- Benefits—The services range from "home health services" only to the "same services as provided to the categorically needy." In addition to the variance in services covered, there is also variance in the limitations on those services. Thus, benefits vary greatly across eligibility groups within a State and across States.
- Expenditure Data—Expenditures in some States are accounted for by eligibility group and in other States by service. Frequently, when State-only programs are administered on the County level, there is no information available on expenditures on the State level. Some States have only appropriations data.

The uniqueness of each State-only program complicates the data collection and display of data; however, Table 78 does present some basic data on State-only programs. Thirty States reported the presence of a State-only program. The number of recipients of medical assistance covered by this program ranged from 115 in South Dakota to 1,133,317 in Michigan. The total 1985 expenditures ranged from $240,000 in South Dakota to $1.5 billion in Michigan. All data presented on Table 78 were extracted from the State survey.

TABLE 78

STATE ONLY PROGRAMS

STATE	PRESENCE OF PROGRAM	TOTAL NUMBER OF RECIPIENTS (1985)	TOTAL 1985 EXPENDITURES ($000,000)
ALABAMA	NO	--	--
ALASKA	YES	14,362	8.70
ARKANSAS	NO	--	--
CALIFORNIA	YES	28,164	19.61
COLORADO	YES	3,953	4.12
CONNECTICUT	YES	**	24.30
DELAWARE	NO	--	--
DIST COLUMBIA	YES	94,764	2.60
FLORIDA	NO	--	--
GEORGIA	NO	--	--
HAWAII	YES	10,510	24.79
IDAHO	NO	--	--
ILLINOIS	YES	151,573	138.37
INDIANA	NO	--	--
IOWA	YES	890	2.15
KANSAS	YES	111,680	15.73
KENTUCKY	NO	--	--
LOUISIANA	YES	6,497	2.99
MAINE	NO	--	--
MARYLAND	YES	51,335	88.66
MASSACHUSETTS	YES	26,305	9.60
MICHIGAN	YES	1,133,317	1,516.61
MINNESOTA	YES	54,722	57.90
MISSISSIPPI	NO	--	--
MISSOURI	YES	52,249	15.85
MONTANA	YES	2,120	2.60
NEBRASKA	YES	411	1.88
NEVADA	NO	--	--
NEW HAMPSHIRE	NO	--	--
NEW JERSEY	YES	18,046	28.79
NEW MEXICO	YES	144	0.55
NEW YORK	YES	277,320	61.45
NORTH CAROLINA	NO	--	--
NORTH DAKOTA	NO		--
OHIO	NO	--	--
OKLAHOMA	YES	32,785	0.84
OREGON	YES	55,368	11.45
PENNSYLVANIA	YES	256,142	406.59
RHODE ISLAND	YES	6,808	11.32
SOUTH CAROLINA	YES	29,592	3.77
SOUTH DAKOTA	YES	115	0.24
TENNESSEE	NO	--	--
TEXAS	NO	--	--
UTAH	YES	3,229	2.87
VERMONT	NO	**	**
VIRGINIA	NO	--	--
WASHINGTON	YES	33,145	65.03
WEST VIRGINIA	YES	**	0.71
WISCONSIN	YES	2,100	2.41
WYOMING	NO	**	**
TOTAL	30	2,457,646	2,532.48

** INDICATES DATA NOT REPORTED OR NOT AVAILABLE

Appendix I

Acronyms

AABD	Aid to Aged, Blind, and Disabled
AB	Aid to the Blind
AFDC	Aid to Families with Dependent Children
APTD	Aid to the Permanently and Totally Disabled
ARF	Area Resource File
CFR	Code of Federal Regulations
COBRA	Consolidated Omnibus Reconciliation Act of 1985
CPR	Customary Prevailing, and Reasonable (charges)
CPT	Current Procedural Terminology
DEFRA	Deficit Reduction Act of 1984
DHHS	Department of Health and Human Services
DRGs	Diagnosis-Related Group
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FFP	Federal Financial Participation
FY	Fiscal Year
HCFA	Health Care Financing Administration
HIO	Health Insuring Organizations
HMO	Health Maintenance Organization
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility for the Mentally Retarded
MAC	Maximum Allowable Cost
MMIS	Medicaid Management Information System
MQC	Medicaid Quality Control
NMCUES	National Medicare Care Utilization and Expenditure Survey
NP	Nurse Practitioner
OAA	Old Aged Assistance
OACT	Office of the Actuary
OASDI	Old Age, Survivors, and Disability Insurance
OBRA	Omnibus Reconciliation Act—1981
ORD	Office of Research and Demonstrations
OT	Occupational Therapy
OTC	Over-the-Counter (drugs)
PCF	Program Characteristics File
PA	Physicians' Assistant
PT	Physical Therapy
RHC	Rural Health Clinic
SNF	Skilled Nursing Facility
SSA	Social Security Administration
SSI	Supplemental Security Income
SSP	State Supplemental Payments
TEFRA	Tax Equity and Fiscal Responsibility Act
UCR	Usual, Customary and Reasonable (charges)

Appendix II

Glossary of Medicaid terms

Capitation (fee)—Fee the agency pays periodically to a contractor for each recipient enrolled under a contract for the provision of medical services under the State plan, whether or not the recipient receives the services during the period covered by the fee.

Categorically Needy—Under Medicaid, categorically needy cases are aged, blind, or disabled individuals or families and children who are otherwise eligible for Medicaid and who meet financial eligibility requirements for AFDC, SSI, or an optional State supplement.

Coinsurance—A cost-sharing requirement under a health insurance policy which provides that the insured will assume a portion or percentage of the costs of covered services.

Copayment—Copayments are a type of cost-sharing under Medicaid whereby insured or covered persons pay a specified flat amount per unit of service or unit of time, and the insurer pays the rest of the cost.

Covered Services—Covered services are the specific services and supplies for which Medicaid will provide reimbursement. Covered services under the Medicaid program consist of a combination of mandatory and optional services within each State.

Customary, Prevailing, and Reasonable Charges—Method of reimbursement used under Medicare which limits payment to the lowest of the following: a physician's actual charge, the physician's median charge in a recent prior period (customary), or the 75th percentile of charges in that same time period (prevailing).

Customary Charge—The charge a physician or supplier usually bills his patients for furnishing a particular service or supply.

Deductible—The amount of loss or expense that must be incurred by an insured or otherwise covered individual before an insurer will assume any liability for all or part of the remaining costs of covered services.

Diagnosis Related Groups—These groupings are used for incorporating severity of illness measurements into the process for prospective payment determination for inpatient hospital services.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)—The EPSDT program covers screening and diagnostic services to determine physical or mental defects in recipients under age 21, and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered.

Essential Spouse—One who is living with an aged, blind, or disabled individual who was receiving cash assistance and whose needs were included in determining the amount of cash payment to the individual under OAA, AB, APTD, or AABD; and who is determined essential to the individual's well-being.

Expenditure—Under Medicaid, expenditure refers to an amount paid out by a State agency for the covered medical expenses of eligible participants.

Family Planning Services—Family planning services are any medically approved means, including diagnosis, treatment, drugs, supplies and devices, and related counseling which are furnished or prescribed by or under the supervision of a physician for individuals of childbearing age for purposes of enabling such individuals to determine freely the number or spacing of their children.

Federal Financial Participation—Federal expenditures provided to match proper State expenditures made under approved State plans in accordance with the Federal Medical Assistance Percentage applicable to the respective State.

Fiscal Agent—A fiscal agent is a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Fiscal Year—Any twelve month period for which annual accounts are kept. The Federal Government's fiscal year extends from October 1 to the following September 30.

Health Insuring Organization—Means an entity that (1) pays for medical services provided to recipients in exchange for a premium or subscription charge paid by the agency; and (2) assumes an underwriting risk.

Home Health Agency—A home health agency is a public agency or private organization which is primarily engaged in providing skilled nursing services and other therapeutic services in the patient's home, and which meets certain conditions designed to ensure the health and safety of the individuals who are furnished these services.

Home Health Services—Home health services are services and items furnished to an individual who is under the care of a physician by a home health agency, or by others under arrangements made by such agency. The services are furnished under a plan established and periodically reviewed by a physician. The services are provided on a visiting basis in an individual's home and include: part-time or intermittent skilled nursing care; physical, occupational, or speech therapy; medical social services, medical supplies and appliances (other than drugs and biologicals); home health aide services, and services of interns and residents.

Inpatient Hospital Services—Inpatient hospital services are items and services furnished to an inpatient of a hospital by the hospital, including bed and board, nursing and related services, diagnostic and therapeutic services, and medical or surgical services.

Intermediate Care Facility—An intermediate care facility is an institution furnishing health-related care and services to individuals who do not require the degree of care provided by hospitals or skilled nursing facilities as defined under Title XIX (Medicaid) of the Social Security Act.

Laboratory and Radiological Services—Laboratory and radiological services are professional and technical laboratory and radiological services ordered by a licensed practitioner and provided in an office or similar facility (other than a hospital outpatient department or clinic) or by a qualified laboratory.

Medically Needy—Under Medicaid, medically needy cases are aged, blind, or disabled individuals, or families and children who are otherwise eligible for Medicaid, and whose income resources are above the limits for eligibility as categorically needy (AFDC or SSI) but are within limits set under the Medicaid State plan.

Medicare Principles—Rules of reasonable cost-based reimbursement used by Medicare.

Other Practitioners' Services—Other practitioners' services are health care services of licensed practitioners other than physicians and dentists.

Outpatient Hospital Services—Outpatient hospital services are services furnished to outpatients by a participating hospital for diagnosis or treatment of an illness or injury.

Portable X-ray—A portable X-ray is a radiograph taken with portable equipment, usually in the patient's place of residence, under the general supervision of a physician.

Prescribed Drugs—Prescribed drugs are drugs dispensed by a licensed pharmacist on the prescription of a practitioner licensed by law to administer such drugs, and drugs dispensed by a licensed practitioner to his own patients. This item does not include a practitioner's drug charges that are not separable from his other charges, or drugs covered by a hospital's bill.

Prevailing Charge—The prevailing charge is the charge that would cover 75 percent of the customary charges made for similar services in the same locality.

Provisional HMO—Means an HMO that the State agency has determined is a provisional status federally qualified HMO because more than 90 days have elapsed since the HMO applied to the PHS (Public Health Service) for federal qualifications and the PHS has not made a final determination.

Psychiatric Hospital—A psychiatric hospital is an institution primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mental illness.

Qualified HMO—Means an HMO that has been determined by the PHS to be a qualified HMO under Section 1310(d) of the PHS Act.

Reasonable Charge—In processing claims for Supplementary Medical Insurance benefits, carriers use HCFA guidelines to establish the reasonable charge for services rendered. The reasonable charge is the lowest of: the actual charge billed by the physician or supplier; the charge the physician or supplier customarily bills his patients for the same service; and the prevailing charge which most physicians or suppliersin that locality bill for the same service. Increases in the physicians' prevailing charge levels are recognized only to the extent justified by an index reflecting changes in the costs of practice and in general earnings.

Reasonable Cost—In processing claims for Health Insurance benefits, intermediaries use HCFA guidelines to determine the reasonable cost incurred by the individual providers in furnishing covered services to enrollees. The reasonable cost is based on the actual cost of providing such services, including direct and indirect costs of providers, and excluding any costs which are unnecessary in the efficient delivery of services covered by the insurance program.

Recipient—A recipient of Medicaid is an individual who has been determined to be eligible for Medicaid and who has used medical services covered under Medicaid.

Rural Health Clinic—A rural health clinic is an outpatient facility which is primarily engaged in furnishing physicians' and other medical and health services, which meets certain other requirements designed to ensure the health and safety of the individuals served by the clinic. The clinic must be located in an area that is not an urbanized area as defined by the Bureau of the Census and that is designated by the Secretary of DHHS either as an area with a shortage of personal health services, or as a health manpower shortage area, and has filed an agreement with the Secretary not to charge any individual or other person for items or services for which such individual is entitled to have payment made by Medicare, except for the amount of any deductible or coinsurance amount applicable.

Skilled Nursing Facility (SNF)—A skilled nursing facility is an institution which has in effect a transfer agreement with one or more participating hospitals, and which is primarily engaged in providing to inpatients skilled nursing care and restorative care services, and meets specific regulatory certification requirements.

Skilled Nursing Facility Services--SNF services are all services furnished to inpatients of, and billed for by, a formally certified skilled nursing facility that meets standards required by the Secretary of DHHS.

Spend-Down—Under the Medicaid program, spend-down refers to a method by which an individual establishes Medicaid eligibility by reducing gross income through incurring medical expenses until net income (after medical expenses) meets Medicaid financial requirements.

State Buy-In—State buy-in is the term given to the process by which a State may provide Supplementary Medical Insurance coverage for its needy eligible persons through an agreement with the Federal government under which the State pays the premiums for them.

State Plan—The Medicaid State Plan is a comprehensive written commitment by a Medicaid agency to administer or supervise the administration of a Medicaid program in accordance with Federal requirements.

Supplemental Security Income (SSI)—SSI is a program of income support for low-income aged, blind, and disabled persons established by Title XVI of the Social Security Act.

State Supplemental Payments (SSP)—SSI became effective January 1, 1974, replacing the previous State programs for the aged, blind, and disabled. States that had been making higher payments to individuals under the previous program of cash assistance were required to pay the difference between the SSI benefit and the previous payment. This difference is known as SSP.

Third-Party Liability—Under Medicaid, third-party liability exists if there is any entity (including other government programs or insurance) which is or may be liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or recipient of Medicaid.

Usual, Customary and Reasonable Charges—Method of reimbursement used under Medicaid by which State Medicaid programs set reimbursement rates using the Medicare method or a fee schedule, whichever is lower.

Vendor—A medical vendor is an institution, agency, organization, or individual practitioner which provides health or medical services.

Appendix III

Resources

The following Federal sources have contributed data to this publication. For ease of reference, we have listed each contact along with their respective telephone numbers. Should you have any questions regarding their areas of responsibility, we suggest that you contact them directly.

Name	Components	Phone	Area of Expertise
Kathy Albetski	Department of Commerce Regional Economic Division	(202) 523-0550 FTS 523-0550	Per capita personal income statistics
Dr. Richard L. Bale	HCFA Office of the Actuary Division of Medicaid Cost Estimates	(301) 597-6107 FTS 987-6107	HCFA-2082 Statistics
Emmett Dye	Office of Family Assistance Division of Research, Evaluation and Statistics	(202) 245-2537 FTS 245-2537	AFDC Statistics
Joann Jackson	HCFA Office of Research and Demonstrations Publication and Information Resources Office	(301) 597-2422 FTS 987-2422	HCFA Publications
Linda Lehm	Bureau of the Census Population Division	(301) 763-5002 FTS 763-5002	General Population Statistics
Miles McDermott	HCFA Bureau of Quality Control Division of State Agency Financial Management	(301) 594-6224 FTS 934-6224	Administrative Cost, Medicaid Third Party Collections and medical vendor payments subject to FFP
George Patterson	Bureau of the Census Population Division	(301) 763-5060 FTS 763-5060	Poverty Level Statistics
Don Starsinic	Bureau of the Census Population Division	(301) 763-7722 FTS 763-7722	Age 65 or over population statistics
Joyce Jackson Stokes	HCFA Bureau of Eligibility, Reimbursement and Coverage Office of Eligibility Policy	(301) 597-3870 FTS 987-3870	Freedom of Choice Waivers
Richard Strauss	HCFA Bureau of Eligibility Reimbursement and Coverage Office of Eligibility Policy	(301) 594-6529 FTS 934-6529	Eligibility Policy
Jim Underhill	HCFA Bureau of Eligibility, Reimbursement and Coverage Office of Reimbursement Policy	(301) 597-1891 FTS 987-1891	Reimbursement Policy
Carol Utter	Bureau of Labor Statistics Office of Employment and Statistics	(202) 523-1002 FTS 523-1002	Unemployment Statistics

Name	Components	Phone	Area of Expertise
Robert Wardwell	HCFA Bureau of Eligibility, Reimbursement and Coverage Office of Coverage Policy	(301) 594-9824 FTS 934-9824	Coverage Policy Home and Community Based Services Waivers
Marva Younger	Food and Nutrition Services Program Information Division	(703) 756-3108 FTS 756-3106	Foodstamps Program Statistics

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